11	TANSIMIT TAL OF SHOP DRAWINGS, EQUIPM	WENT DATA, MAT	ERIAL SAMPLES, OR	DATE			TRANSMITTA	L NO.	
MANUFACTURER'S CERTIFICATES OF COMPLIANCE For use of this form, see ER 415-1-10; the proponent agency is CECW-CE.						18	0	1450-558	
			OF THE FOLLOWING ITEMS	This s	ection will be	initiated by the	contractor)		4
TO: FUSRAP Residency US Army Corps of Engineers, New York 100 West Hunter Avenue Maywood, NJ 07607 FROM: Sevenson Enviror 2749 Lockport Ro Niagara Falls, NY			Road	CONTRACT NO. W912DQ-15-D-3002 0002			CHECK ONE: THIS IS A NEW TRANSMITTAL THIS IS A RESUBMITTAL OF		
SPECIFICA	TION SEC. NO. (Cover only one section with each transmittal)	PROJECT TITLE AND		cobus Avo	THI	S TRANSMITTAL	TRANSMIT	one)	
ITEM NO. (See Note 3)	DESCRIPTION OF SUBMITTAL ITEM (Type size, model number/etc.)		SUBMITTAL TYPE CODE (See Note 8)	NO. OF COPIES	CONTRAC	T REFERENCE CUMENT DRAWING	CONTRACTOR REVIEW	VARIATION Enter "Y" if requesting	USACE ACTION CODE
a.	. b.		C,	d.	PARA. NO. e.	SHEET NO.	GODE g.	a variation (See Note 6) h.	(Note 9)
72	Final Waste Doc Sub D - Concrete Debris		SD-19	0	1.3		А		F
				-					
					d ,				
			-						
								1	
REMARKS									
Final Was	ste Documentation - Haz Sub D Concrete debris 08/27/18, 8/29/18 and 8/29/18.				in detail and	he above submitt are correct and in vings and specific	the strict conform	nance with th	e
) Waste M 2) Scale Tid						NAME AND SIGN	CV CAM		~ <u>~</u>
		SECTION	II - APPROVAL ACTION		1				
NCLOSU	RES RETURNED (List by item No.)	NAM	E, TITLE AND SIGNATURE OF AP	PROVING A	UTHORITY		DATE		
		C	HAN.KAM.YIN.1368 Digital DN: c=	lly signed by CHAN	I.KAM.YIN.1368284 ment, ou=DoD, ou YIN.1368284250	250 =PKI, COR		/2018	
IC EORN	4025-R MAR 2012						1		

TRANSMITTAL OF SHOP DRAWINGS, EQUIPMENT DATA, MATERIAL SAMPLES, OR MANUFACTURER'S CERTIFICATES OF COMPLIANCE					DATE			TRANSMITTAL NO.		
For use of this form, see ER 415-1-10; the proponent agency is CECW-CE.						09/17/2018		0.	450-558	
	SECTION I - REQUEST			LLOWING ITEMS	(This se	ection will be in	nitiated by the	contractor)		7
US A	RAP Residency Army Corps of Engineers, New York West Hunter Avenue Wood, NJ 07607	FROM: Sevenson En 2749 Lockpo Niagara Falls	ivironmental Se rt Road		CONTRAC			CHECK ONE:	RESUBMITT	
	FION SEC. NO. (Cover only one section with each transmittal) emical Data Quality Control	PROJECT TITLE AN		01-Main Register erfund Site OU2 77 Jac	obus Ave,	THIS	TRANSMITTAL	IS FOR: (Check	one) VCR DA/G	6A
ITEM NO. (See Note 3)	DESCRIPTION OF SUBMITTAL ITEM (Type size, model number/etc.) b.			SUBMITTAL TYPE CODE (See Note 8)	NO. OF COPIES	CONTRACT	DRAWING SHEET NO.	CONTRACTOR REVIEW CODE	VARIATION Enter "Y" if requesting a variation (See Note 6) h,	USACE ACTION CODE (Note 9)
	Final Waste Doc Sub D - Concrete Debris		SD-19		0	1.3		A		
										3
load dates Each load Waste N Scale Ti Waste S	ste Documentation - Haz Sub D Concrete debris 08/27/18, 8/29/18 and 8/29/18. I consists of the following: fanifest			OVAL ACTION D SIGNATURE OF AF	PPROVING	in detail and a contract draw stated.	ere correct and i	n the strict conformations except as NATURE OF CON	mance with the otherwise	



2749 LOCKPORT ROAD

Bethlehem Landfill Company

2335 Applebutter Rd Bethlehem, PA 18015 PH: (610)317-3200

001119 SEVENSON ENVIRONMENTAL SVS INVOICE INBOUND

OPERATOR SITE TICKET # 56 105685 diraisner LICENCE CONTAINER OUT TRUCK IN 8/27/18 8/27/18 RCC12 AS890C N. 7:58 am 7:58 am ORIGIN REFERENCE DR 5-04152 NEW JERSEY

CONTRACT:	1056 SYN	CON # 92401 NV G2	889013	DR 5-04152		NEW JERSEY
				BOL:	WH 16042 0FD268810	
OTY 18.39	UNIT	DESCRIPTION Contaminated Soil	NEW JERSEY		RATE	TAX TOTAL
1.00		Freight Charge		**		

I hereby certify that this load does not contain any unauthorized hazardous waste.

Driver:

Weighmaster:

Dee Raisner #058890

CUSTOMER COPY

NON-HAZARDOUS WASTE MANIFEST



IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015

5-04152

WASTE CONNECTIONS INC. PADEP Facility ID No. 100020 # 1 PROFILE NUMBER RWC NUMBER **DESCRIPTION OF WASTE** 1056 # 2 GENERATOR: (Work site name and physical address) Name: Phone Number: Address: Responsible Official: Generator's Certification: I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation. Generator Signature: # 3 Is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. YES / NO OPERATOR/CONTRACTOR Responsible Official: zachorowstri Mailing Address #4 Bill To: (circle one) WASTE DISPOSAL SITE: Generator Operator Transporter Other (if other please enter information) IESI PA BETHLEHEM LANDFILL CORPORATION Name: 2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County Waste Connections Account Number: 610-317-3200 # 5 TRANSPORTER TRANSPORTER 1 TRANSPORTER 2 NAME ADDRESS: ADDRESS: PHONE NUMBER: PHONE NUMBER: TRAILER NO: TRAILER NO: TRUCK NO: DRIVER: Acknowledgement of receipt of materials DRIVER: Acknowledgement of receipt of materials Shipment Date: Shipment Date: Shipment Date: Shipment Date: ALL SECTIONS (#1 THROUGH #5) MUST BE FILLED OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL **DISPOSAL FACILITY** DATE: TICKET NO: TIME: I hereby certify receipt of the waste materials covered by this manifest

QISNE

Facility Owner/operator (print)



IESI PA Bethlehem Landfill Corporation

NON-HAZARDOUS WASTE MANIFEST

5-04152

2335 Applebutter Road

WASTE CONNECTION Connect with the Future	is Inc.		m, PA 18015 ty ID No. 100020			
# 1 PROFILE NUMBER	RWC NUMBER		DESCRIPTION	ON OF WASTE		
1056	506	Contam	maded S	icil/Debris		
# 2 GENERATOR: (\	Work site name and	physical address)		1. 人名伊莱斯 1. 全美国美国工作的 1983年代的		
Name: USI	EPA Rea	YION II	Phone Numb	er: (212) 637 -4416		
Address:	90 Broa	dway 1	Jew York	NY 10007		
Responsible Official:	Pamela	Balter	County of Ori	gin: Hudson		
Generator's Certification:						
I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation.						
	1/1/ 27 AUG 2518					
	1	Generator Signature :		Date:		
YE	S/NO	Generator? If NO please	e enter Operator/Cor	ntractor information below.		
OPERATOR/CONTRA	ACTOR	D	"- "- O# I			
Name: Scuent	SON EWITE	NAMENTAL SCIUM	onsible Official:	Joel Czachorowskii		
Mailing Address:	Mailing Address: Phone Number: 77 Jacobus Ave. (973) 344-6050					
#4 Bill To: (circle or	ne)			WASTE DISPOSAL SITE.		
Generator Operato	r Transporter O	ther (if other please enter information)	IEO/ DA	WASTE DISPOSAL SITE:		
Name: IESI PA BETHLEHEM LANDFILL CORPORATION 2335 Applebutter Road, Bethlehem PA 18015						
Waste Connections Account	nt Number:		Lowers	Saucon Township, Northampton County 610-317-3200		
# 5 TRANSPORTER		THE STATE OF THE S				

TICKET NO:

TRANSPORTER 1 TRANSPORTER 2 NAME NAME ADDRESS: ADDRESS: PHONE NUMBER: PHONE NUMBER: TRAILER NO: TRUCK NO: TRAILER NO: DRIVER: Acknowledgement of receipt of materials DRIVER: Acknowledgement of receipt of materials

Shipment Date: Shipment Date: Shipment Date:

ALL SECTIONS (#1 THROUGH #5) MUST BE FILLED OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL

DISPOSAL FACILITY

DATE: TIME:

I hereby certify receipt of the waste materials covered by this manifest

Facility Owner/operator (print)

Signature

Date

Shipment Date:

	Date: 8 1271/6
Manifest Document No. 5,64/52	
Trucking Company ReGCo	Truck Nos.
Waste Decal Nos. NJ# PA# WI+1604 \(\lambda \)	Truck License Numbers A 5 - 890 C Roll-off Container Number
Destination: IESI PA Bethlehem Landfill Corporation	Waste Type: Non Haz PCB Debris
No weight scale onsite	
PRE-LOADING TASKS	Sat / Unsat / N/A
No holes are visable in the shipping container	
Previous placarding/ labels removed or defaced	
No free standing water	
Absorbant added (If needed)	
SHIPPING TASKS	
Placards Applied (If needed)	
No leakage of water / waste material	V
Bungees are securely in place.	
Container lock mechanism applied	
Waste Manifest Completed / Attached	
Authorized Manifest Signatures Clearly Written	
OFFICE TASKS	
Copy for Project Files Completed	<i>v</i>
Copy for SES Completed	<u> </u>
Copy for USACE Completed	
Copy Shipping Documents to TDSF (If needed)	

ipping Documentation Completed By:	11 2 1	
	Print: Why lander Date: 8 1 27 119	
	Sign:	



Bethlehem Landfill Company

2335 Applebutter Rd Bethlehem, PA 18015 PH: (610)317-3200

001119	INVOICE
SEVENSON ENVIRONMENTAL SVS	INBOUND
THE	111000110

INC. 2749 LOCKPORT ROAD

CONTRACT: 1056 SYNCON # 92401 NV G2889013

SITE	TICKE	Τ#	OPERA	OPERATOR			
56	1056	94	dlraisner				
IN OUT		TRUCK	LICENCE	CONTAINER			
8/27/18 8:11 ar		RCC16	AN222S N.				
	REFEREN	ORIGIN					
DR 5-04	153	NEW JERS	NEW JERSEY				

	-	The state of the s						AND STREET		
		GROSS 63,5	00 lb	Scale In		COMMENTS:	4A/E-8 El	EV. 625		
		TARE 28,4	20 lb	Scale Out		BOL:				
		NET 35.0	80 lb			Truck	WH 1604	2 X4CD1479	95	
			54 TC			Container:		2 70700 2 11 3		
OTY I	LINITT			JN3		Container.		DATE	TAV I	TOTAL
	UNIT	DESCRIPTION		VEW TERRET	-			RATE	TAX	TOTAL
17.54	TN	Contaminated S	DII	NEW JERSEY						
1.00		Freight Charge								
		and the second of the second of the second					4			
									1	
									1	
		1								
n 0 1										
									1	
3.1							- 1			

I hereby certify that this load does not contain any unauthorized hazardous waste.

Driver:

CUSTOMER COPY

NON-HAZARDOUS WASTE MANIFEST



IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015

5- 04153

WASTE CONNECTION Connect with the Future*	s Inc.	PADEP Facili	ty ID No. 100020			
# 1 PROFILE NUMBER	RWC NUMBER		DESCRIPTION OF WASTE			
1056	506		INATED Soil /	DEBRIS		
# 2 GENERATOR: (V	Vork site name and	physical address)				
	RE610	w II	Phone Number: (2/2) 637	. 4416		
Address: 290	Broadwa	y Now	York, NY 100 County of Origin:	707		
Responsible Official:			County of Origin:			
I here	eby certify that the waste ship		s Certification: s and is permitted to be disposed at the IESI PA Bethlehem La	andfill Corporation.		
	L		27 Auc	2018		
		Generator Signature :	Date:			
	S/NO	Generator? If NO please	e enter Operator/Contractor information b	elow.		
Name:	101011	Respo	onsible Official:			
SEVENSON Mailing Address:	SEVENSON ENVIRONMENTAL Services INC Juel Czachorowski Mailing Address: Phone Number:					
7.7 Jaco	o Bus Ave	Kearny L	15.07032 (973)	344.6050		
#4 Bill To: (circle on	e)		WASTE DISPOS			
Generator Operator	Transporter C	ther (if other please enter information)	Control Control of Con			
Name: Waste Connections Account	nt Number:		IESI PA BETHLEHEM LANDF 2335 Applebutter Road, Be Lower Saucon Township, N 610-317-32	ethlehem PA 18015 orthampton County		
# 5 TRANSPORTER						
	TRANSPORTER 1		TRANSPORTER	2		
NAME RCC+	4 16		NAME			
ADDRESS:	4238 CC	Eton nu	ADDRESS:			
PHONE NUMBER:	472-60	76	PHONE NUMBER:			
TRUCK NO:	-A1	TRAILER NO:	TRUCK NO:	TRAILER NO:		
DRIVER: Acknowledgen	nent of receipt of mate	rials	DRIVER: Acknowledgement of receipt of ma	terials		
-		8-27-18				
Shipment Date:		Shipment Date:	Shipment Date:	Shipment Date:		
	ALL SECTI		OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL			
			AL FACILITY			
TICKET NO:		TIME:		DATE:		
1	Raisw	I hereby certify receipt of the waste	malenais covered by this manifest	8/27/17		
Facilit	y Owner/operator (print)		Signature	Date		

12 Em



NON-HAZARDOUS WASTE MANIFEST

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015

5- 04153

Connect with the Future		PADEP Facili	ity ID No. 100020					
# 1 PROFILE NUMBER	RWC NUMBER		DESCRIPTION OF WASTE					
1030	3.06		material Santy	PREKIS -				
# 2 GENERATOR: (Nork site name and	physical address)						
Name:			Phone Number:					
1156 17	1 KLERE	r 2 _ 21/2	(212/6)	7. 31.416				
Address:								
37.36	Experience 2 mm	Car Mar 1	Fork Day 10					
Responsible Official:			County of Origin:					
I her	reby certify that the waste shipp		s Certification: s and is permitted to be disposed at the IESI PA Rethlehem	Landfill Corneration				
I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation.								
		he in	27 1116	2018				
	The same of the sa	Generator Signature :	Date:					
# 3 Is Operator/Cor	tractor the same as	Generator? If NO please	enter Operator/Contractor information	bolow				
	S/NO	Generator: If the pleast	e enter Operator/Contractor information	below.				
OPERATOR/CONTRA Name:	ACTOR							
ivaille.		Respo	onsible Official:					
Stor Man	Compression of	MAR TON FOR SOM	Lange Com Sherry	Cambridge				
Mailing Address:		Phone	Number:					
11 148		That you by A	7 67632 193	1 20000				
#4 Bill To: (circle or	ie)		WASTE DISPO	OAL OITE				
Generator Operato	r Transporter Ot	ther (if other please enter information)	WASTE DISPO					
Name:			IESI PA BETHLEHEM LAND 2335 Applebutter Road, E					
Waste Connections Accour	nt Number:		Lower Saucon Township,					
Waste Connections Accoun	it ivalliber.		610-317-3					
# 5 TRANSPORTER								
	TRANSPORTER 1		TRANSPORTE	R 2				
NAME			NAME					
416	4 18		IV WIL					
ADDRESS:			ADDRESS:					
Posx	4278 61	Francis V						
PHONE NUMBER:			PHONE NUMBER:					
977-9	172-60	76						
TRUCK NO:		TRAILER NO:	TRUCK NO:	TRAILER NO:				
16	74	2225						
DRIVER: Acknowledgen	nent of receipt of materi	als	DRIVER: Acknowledgement of receipt of m	naterials				
		8-77-18						
Shipment Date:		Shipment Date:	Shipment Date:	Shipment Date:				
	ALL SECTIO		OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL	Gripment Date.				
	的对话的 是对		L FACILITY					
TICKET NO:		TIME:		DATE:				
			patarials accurred by this manifest					
		I hereby certify receipt of the waste m	iateriais covereu by this mannest					
Facilit	y Owner/operator (print)		Signature	Date				
	, , , , , , , , , , , , , , , , , , ,		Oignataro	Date				

Manifest Document No. 5-09/53 Trucking Company Resco WH16042 Waste Decal Nos. NJ# PA# Destination: IESI PA Bethlehem Landfill Corporation	Truck Nos. Truck License Numbers AN. ZZZ S Roll-off Container Number Waste Type: Non Haz PCB Debris
No weight scale onsite	
PRE-LOADING TASKS	Sat / Unsat / N/A
No holes are visable in the shipping container	
Previous placarding/ labels removed or defaced	
No free standing water	V
Absorbant added (If needed)	
SHIPPING TASKS	
Placards Applied (If needed)	√
No leakage of water / waste material	
Bungees are securely in place.	
Container lock mechanism applied	
Waste Manifest Completed / Attached	
Authorized Manifest Signatures Clearly Written	
OFFICE TASKS	
Copy for Project Files Completed	
Copy for SES Completed	<i>V</i>
Copy for USACE Completed	
Copy Shipping Documents to TDSF (If needed)	
Shipping Documentation Completed By:	lh Zayp bow Date: 8, 29, 18



Bethlehem Landfill Company

2335 Applebutter Rd Bethlehem, PA 18015 PH: (610)317-3200

SITE	TICKET #			OPERA*	OPERATOR		
56	105687			dlraisi	ner .		
IN OUT		OUT	TRUCK	LICENCE	CONTAINER		
8/27/18 8/27/18 8:03 am 8:03 am		RCC28	AP579D N				
REFERENCE				0	RIGIN		
DR 5-04	DR 5-04154			NEW JERS	NEW JERSEY		

001119 SEVENSON ENVIRONMENTAL SVS

2749 LOCKPORT ROAD

CONTRACT: 1056 SYNCON # 92401 NV G2889013

A STATE OF THE STA		0011 # 32101 HT G	-007020				
		TARE 28,720 NET 33,760		BOL: Truck;	WH16042 G21LJ45068		
			TONS	Container:			
OTY	UNIT	DESCRIPTION			RATE	TAX	TOTAL
16.88	TN	Contaminated Soil Freight Charge	NEW JERSEY				
			Since Since				

INVOICE

INBOUND

 $\ensuremath{\mathrm{I}}$ hereby certify that this load does not contain any unauthorized hazardous waste.

PSIV

Weighmaster:___

_____Driver:

Dee Raisner #058890

CUSTOMER COPY

STE CONNECTIONS INC.

Facility Owner/operator (print)

NON-HAZARDOUS WASTE MANIFEST

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020 5-04154

Date

# 1 PROFILE NUMBER RWC NUMBER DESCRIPTION OF WASTE # 2 GENERATOR: (Work site name and physical address) Name: Phone Number: Phone Number:	# 1 PROFILE NUMBER RWC NUMBER							
# 2 GENERATOR: (Work site name and physical address) Name: Phone Number: 2 2 6 37 - 44 6 Address: 2 90 Broadway Mew York No 10007 Responsible Official: Country of Origin: Generator's Certification: Country of Origin:		DESCRIPTION OF WASTE						
# 2 GENERATOR: (Work site name and physical address) Name: Phone Number: 2 2 6 37 - 44 6 Address: 2 90 Broadway Mew York No 10007 Responsible Official: Country of Origin: Generator's Certification: Country of Origin:	1056 506 CONTAMIN.	ATED SOIL / DEBRIS						
Address: 290 Broadway Wew York Ny 10007 Responsible Official: Country of Origin: Cenerator's Certification: I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethiehem Landfill Corporation. 27 Aut 2018 Generator Signature: Date: #3 Is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. YES / NO OPERATOR/CONTRACTOR Name: Responsible Official: SEVENSON ENVIRONMENTAL Services INC. Joe (Zachorowski) Mailing Address: Phone Number: 73 Jacubsus Auc Kearny NS 07032 (973) 344-6550 #4 Bill To: (circle one) Generator Operator Transporter Other (of other please enter Information) Name: SEISI PA BETHLEHEM LANDFILL CORPORATION 2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County 610-317-3200 #5 TRANSPORTER	# 2 GENERATOR: (Work site name and physical address)	的多型自然的表示。 在 是特别的思想的思想。						
Responsible Official: County of Origin: County of								
Responsible Official: County of Origin: County of	DSEIA KEGION AL	(212) 631-44/6						
Generator's Certification: I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation. # 3 Is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. # 3 Is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. # 5 TRANSPORTER Generator Signature: Date:	290 Broadway Men You	4 NY 10007						
Thereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation. 27	Responsible Official:	County of Origin:						
Thereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation. 27								
Generator Signature: # 3 Is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. YES / NO OPERATOR/CONTRACTOR Name: Responsible Official: SEVENS ON ENVIRONMENTA Services INC. Joe (Czachorowski) Mailling Address: Phone Number: 73 Jacubus Ave Kearny NJ 07032 (973) 344.6050 #48 Bill To: (circle one) Generator Operator Transporter Other (if other please enter Information) Name: Waste Connections Account Number: Usual Contractor information below. Waste Disposal SITE: IESI PA BETHLEHEM LANDFILL CORPORATION 2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County 610-317-3200 #5 TRANSPORTER								
Generator Signature: Date: # 3 Is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. Fee	11/1/							
# 3 Is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. YES / NO OPERATOR/CONTRACTOR Name: Responsible Official: SEVENS ON ENVIRONMENTA Service INC. Joe Czach o rowski Mailing Address: Phone Number: Phone Number: #4 Bill To: (circle one) Generator Operator Transporter Other (If other please enter information) Name: Waste Connections Account Number: #5 TRANSPORTER	the way	27 1446 2018						
OPERATOR/CONTRACTOR Name: Responsible Official: SEVENS ON ENVIRONMENTA Service INC. Joe (Zachorowski) Mailing Address: Phone Number: 73 Jacobsus Auc Kearny NJ 07032 (973) 344-6050 #4 Bill To: (circle one) Generator Operator Transporter Other (if other please enter information) Name: Waste Connections Account Number: Waste Connections Account Number: #5 TRANSPORTER	Generator Signature :	Date:						
Name: SEVENSON ENVIRONMENTA Service IVC. Joe Czachorowski Mailing Address: Phone Number: 73 Jacobs Ave Fearny NJ 07032 (973) 344 6050 #4 Bill To: (circle one) Generator Operator Transporter Other (if other please enter information) Name: Waste Connections Account Number: Waste Connections Account Number: Responsible Official: Due Czachorowski 973 344 6050 WASTE DISPOSAL SITE: IESI PA BETHLEHEM LANDFILL CORPORATION 2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County 610-317-3200 #5 TRANSPORTER		se enter Operator/Contractor information below.						
Mailing Address: Phone Number: 73 Jacubus Auc Kearny WT 07032 (973) 344-6050 #4 Bill To: (circle one) Generator Operator Transporter Other (if other please enter information) Name: Waste Connections Account Number: Waste Connections Account Number: #5 TRANSPORTER	OPERATOR/CONTRACTOR							
Mailing Address: Phone Number: #4 Bill To: (circle one) Generator Operator Transporter Other (if other please enter information) Name: Waste Connections Account Number: #5 TRANSPORTER	1100F							
Mailing Address: Phone Number: #4 Bill To: (circle one) Generator Operator Transporter Other (if other please enter information) Name: Waste Connections Account Number: #5 TRANSPORTER	SEVENSON ENVIRONMENTAl Servi	ces INC. Joel Czachorowski						
Generator Operator Transporter Other (if other please enter information) Name: Waste Connections Account Number:	Mailing Address: Phor	ne Number:						
Generator Operator Transporter Other (if other please enter information) Name: Waste Connections Account Number:	73 Jacobus Ave Kearny No	-07032 (973) 344.6050						
Name: Waste Connections Account Number: Waste Connections Account Number: # 5 TRANSPORTER IESI PA BETHLEHEM LANDFILL CORPORATION 2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County 610-317-3200		WASTE DISPOSAL SITE:						
Waste Connections Account Number: 2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County 610-317-3200 # 5 TRANSPORTER								
# 5 TRANSPORTER	Name:							
# 5 TRANSPORTER	Waste Connections Account Number:	A CONTRACT OF THE PROPERTY OF						
		610-317-3200						
		。但是"自由的国际"是一种自己的意思的,并不是自己的国际。						
TRANSPORTER 1 TRANSPORTER 2		A COMMENT DESCRIPTION OF THE PROPERTY OF THE P						
NAME LEGO CONTRACTING CORP NAME	KEDGO CONTRACTING CORP	NAME						
ADDRESS: ADDRESS:	ADDRESS:	ADDRESS:						
P. OBOX 4238 CILFITON, N) OND	P. OBOX 4238 CILFITON, N) ONOT							
PHONE NUMBER: PHONE NUMBER:		PHONE NUMBER:						
1134100001	117-118-01	~						
TRUCK NO: TRAILER NO: TRUCK NO: TRAILER NO: TRAILER NO:	TRUCK NO: TRAILER NO: #RCC 28 AP-579D	TRUCK NO: TRAILER NO:						
DRIVER: Acknowledgement of receipt of materials DRIVER: Acknowledgement of receipt of materials	DRIVER: Acknowledgement of receipt of materials	DRIVER: Acknowledgement of receipt of materials						
Penbs, M	Penba M							
Shipment Date: Shipment Date: Shipment Date: Shipment Date:	The second secon							
ALL SECTIONS (#1 THROUGH #5) MUST BE FILLED OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL DISPOSAL FACILITY								
		DATE:						
I hereby certify receipt of the waste materials covered by this manifest	TICKET NO: TIME:							
Dec Kaisn seRaisnier 8/27/18	TICKET NO: TIME:	materials covered by this manifest						

NON-HAZARDOUS WASTE MANIFEST



Facility Owner/operator (print)

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020 5-04154

Date

WASTE CONNECTION Connect with the Future	NS INC.	PADEP Facil	ity ID No. 100020				
# 1 PROFILE NUMBER	RWC NUMBER	新的 网络阿拉纳	DESCRIPTION OF WASTE				
1036	506		nten Soil / DEBRIS				
# 2 GENERATOR: (\	Nork site name and	physical address)					
Name:	175		Phone Number:				
USEPA	Region		(212) 637-4416				
Address:	Section 1		4 NY 10007 County of Origin:				
Responsible Official:			County of Origin:				
Consustanta Contilidadian							
I her	Generator's Certification: I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation.						
		11/11/11					
	1	L CHI	27 1114 2318				
		Generator Signature :	Date:				
# 3 Is Operator/Con	tractor the same as	Generator? If NO pleas	e enter Operator/Contractor information below.				
	S/NO						
OPERATOR/CONTRA	ACTOR		<u> </u>				
Name:		Resp	onsible Official:				
College	Caller No		co INC. Just Czachorowski				
Mailing Address:	A C IN ALL CHALL		e Number:				
	1						
## DILL To Calculate	543 HUC 1	corny NJ	07032 (973) 344 6050				
#4 Bill To: (circle on			WASTE DISPOSAL SITE:				
Generator Operator	Transporter Of	ther (if other please enter information)	IESI PA BETHLEHEM LANDFILL CORPORATION				
Name:			2335 Applebutter Road, Bethlehem PA 18015				
Waste Connections Accour	nt Number:		Lower Saucon Township, Northampton County				
			610-317-3200				
# 5 TRANSPORTER		的标为包装有的基础					
201 senting a 200 senting	TRANSPORTER 1		TRANSPORTER 2				
NAME	ο.	1 0 - 0-	NAME				
ICE JULU	CONTRAC	TING CORP					
ADDRESS:	-00,000		ADDRESS:				
P. O DOX C	1238 (16	-ITUN, N) SIOI					
PHONE NUMBER:	1062	£	PHONE NUMBER:				
412419	6001						
TRUCK NO:		TRAILER NO:	TRUCK NO: TRAILER NO:				
# KCCO	X	1AP. 5 19 J					
DRIVER: Acknowledgen	nent of receipt of materi	ais	DRIVER: Acknowledgement of receipt of materials				
	*	YOULD M					
Shipment Date: 😽 🔓	17-18	Shipment Date:	Shipment Date: Shipment Date:				
	ALL SECTION		OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL				
			AL FACILITY				
TICKET NO:	الأبيا ويستنا	TIME:	DATE:				
		I hereby certify receipt of the waste r	materials covered by this manifest				

	Date: 8 127 1/8
Manifest Document No. 5.04154 Trucking Company Re5co	
Trucking Company ReSco	Truck Nos.
Waste Decal Nos. NJ# PA# W # 160 72	Truck License Numbers <u>AP-5791</u> Roll-off Container Number ————————————————————————————————————
Destination: IESI PA Bethlehem Landfill Corporation	Waste Type: Non Haz PCB Debris
No weight scale onsite	
PRE-LOADING TASKS	Sat / Unsat / N/A
No holes are visable in the shipping container	
Previous placarding/ labels removed or defaced	
No free standing water	
Absorbant added (If needed)	
SHIPPING TASKS	
Placards Applied (If needed)	
No leakage of water / waste material	· · · · · · · · · · · · · · · · · · ·
Bungees are securely in place.	
Container lock mechanism applied	
Waste Manifest Completed / Attached	
Authorized Manifest Signatures Clearly Written	
OFFICE TASKS	
Copy for Project Files Completed	
Copy for SES Completed	<i>V</i>
Copy for USACE Completed	
Copy Shipping Documents to TDSF (If needed)	

Shipping Documentation Completed By:

Print: Wlan Zambrau
Date: 0 1 27 118
Sign:



Bethlehem Landfill Company

2335 Applebutter Rd Bethlehem, PA 18015 PH: (610)317-3200

SITE	TICK	ET#	OPERATOR		
56 105697		105697		ner .	
IN	OUT	TRUCK	LICENCE	CONTAINER	
8/27/18 8/27/18 8:14 am 8:40 am		URIEL17	AT672S N.		
7//	REFERE	ORIGIN			
DR 5-04	155	300	NEW JERSEY		

001119 SEVENSON ENVIRONMENTAL SVS INC. 2749 LOCKPORT ROAD INVOICE INBOUND

CONTRACT TOES SYNCON # 03401 NN C30

CONTRACT: 1056 SYNCON # 92401 NV G2889013

					_				
		TARE 28,3 NET 39,6	880 lb			BOL: Truck:	4A/E-8 ELEV. 625 WH 10643 TX4GJ124	1293	
		TONS 19.	.80 TC	ONS		Container:		15-55-10-10-10-10-10-10-10-10-10-10-10-10-10-	
OTY	UNIT	DESCRIPTION	V			, i	RATE	TAX	TOTAL
19.80 1.00	TN	Contaminated S Freight Charge	oil	NEW JERSEY					
	*								

I hereby certify that this load does not contain any unauthorized hazardous waste.

Weighmaster:_

Driver:

Dee Raisner #058890

CUSTOMER COPY

Facility Owner/operator (print)

NON-HAZARDOUS WASTE MANIFEST



IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road

5- 04155

			em, PA 18015 ity ID No. 100020				
# 1 PROFILE NUMBER	RWC NUMBER	pauvisti ist	DESCRIPTION OF WASTE				
1656	506		INATED SOIL DEBMS				
# 2 GENERATOR: (V	Work site name and	physical address)	<u> </u>				
Name: USEPA Address:	Region I	Z	Phone Number: (212) 637-44/6				
Address:	e Sum.	New art	NY 10007				
Responsible Official:	Address: 290 Brackway, New york My 10007 Responsible Official: County of Origin:						
Generator's Certification: I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation.							
		le lily	27 ALL ZOL8				
		Generator Signature :	Date:				
	stractor the same as	Generator? If NO pleas	e enter Operator/Contractor information below.				
OPERATOR/CONTRA	ACTOR						
Name:							
SEVERSON Mailing Address:	Car wen	meatal Serv	e Number:	2)			
		1.11311					
#4 Bill To: (circle or	SU) AVC	Kearny N	107032 (973) 344.6050				
Generator Operato		Othor could be a second	WASTE DISPOSAL SITE:				
Name:	i mansporter c	Other (if other please enter information)	IESI PA BETHLEHEM LANDFILL CORPORATION 2335 Applebutter Road, Bethlehem PA 18015				
Waste Connections Accoun	nt Number:		Lower Saucon Township, Northampton County 610-317-3200				
# 5 TRANSPORTER							
	TRANSPORTER 1		TRANSPORTER 2				
NAME URIEL	Trucking		NAME				
ADDRESS: SOU-	th olanfie	W, NJ	ADDRESS:				
PHONE NUMBER:	73.902.	2043	PHONE NUMBER:				
TRUCK NO: 7		TRAILER NO:	TRUCK NO: TRAILER NO:				
DRIVER: Acknowledger	ment of receipt of mate	rials	DRIVER: Acknowledgement of receipt of materials				
Jaime	· L	08-27-18					
Shipment Date:		Shipment Date:	Shipment Date: Shipment Date:				
	ALL SECT	The state of the s	OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL AL FACILITY				
TICKET NO:		TIME:	DATE:				
		I hereby certify receipt of the waste					
	Rais	initial, out of 1000pt of the 4date	s Passin 8/27/18				
200	II L I SELLIVE		0100110				



Facility Owner/operator (print)

NON-HAZARDOUS WASTE MANIFEST

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020 5-04155

Date

WASTE CONNECTIONS INC. PADEP Facility ID No. 100020 # 1 PROFILE NUMBER RWC NUMBER **DESCRIPTION OF WASTE** 1056 # 2 GENERATOR: (Work site name and physical address) Responsible Official: County of Origin: Generator's Certification: I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation. Generator Signature # 3 Is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. YES / NO OPERATOR/CONTRACTOR Mailing Address: #4 Bill To: (circle one) WASTE DISPOSAL SITE: Generator Operator Transporter Other (if other please enter information) IESI PA BETHLEHEM LANDFILL CORPORATION Name: 2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County Waste Connections Account Number: 610-317-3200 # 5 TRANSPORTER TRANSPORTER 1 TRANSPORTER 2 NAME NAME ADDRESS: ADDRESS: PHONE NUMBER: PHONE NUMBER: TRUCK NO: TRAILER NO: TRUCK NO: TRAILER NO: DRIVER: Acknowledgement of receipt of materials DRIVER: Acknowledgement of receipt of materials Shipment Date: Shipment Date: Shipment Date: ALL SECTIONS (#1 THROUGH #5) MUST BE FILLED OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL **DISPOSAL FACILITY** TICKET NO: TIME: DATE: I hereby certify receipt of the waste materials covered by this manifest

	Date: 8 127 1/8
Manifest Document No. 5. 04/55	
Trucking Company Resco / Uveal 7	Truck Nos17
Waste Decal Nos. NJ# PA# WH/06 Y 3	Truck License Numbers
Destination: IESI PA Bethlehem Landfill Corporation	Waste Type: Non Haz PCB Debris
No weight scale onsite	
PRE-LOADING TASKS	Sat / Unsat / N/A
No holes are visable in the shipping container	
Previous placarding/ labels removed or defaced	
No free standing water	
Absorbant added (If needed)	
SHIPPING TASKS	
Placards Applied (If needed)	
No leakage of water / waste material	<u> </u>
Bungees are securely in place.	
Container lock mechanism applied	
Waste Manifest Completed / Attached	·
Authorized Manifest Signatures Clearly Written	V
OFFICE TASKS	
Copy for Project Files Completed	V
Copy for SES Completed	r
Copy for USACE Completed	
Copy Shipping Documents to TDSF (If needed)	

pping Documentation Completed	
	Print: WIIm Zam Grang Date: 8, 27, 18
	Sign: UM/M



2749 LOCKPORT ROAD

Bethlehem Landfill Company

2335 Applebutter Rd Bethlehem, PA 18015

001119	
SEVENSON ENVIRONMENTAL SVS	
INC.	

INVOICE INBOUND

SITE	TICKE	T #	OPERATOR		
56	105768 dlraisner		ner ·		
IN	OUT	TRUCK	LICENCE	CONTAINER	
8/27/18 8/27/18 12:09 pm 1:05 pm		RCC16	AN222S N.		
REFERENCE			ORIGIN		
DD F 0	1455	The same of the sa	NEW TERGEN		

CONTRACT: 1056 SYNCON # 92401 NV G2889013 DR 5-04156 NEW JERSEY GROSS 70,120 lb Scale In COMMENTS: 4A/E-8 ELEV. 625 TARE 28,100 lb Scale Out NET 42,020 lb 21.01 TONS Truck: WH 16042 X4CD147995 TONS Container: OTY 21.01 DESCRIPTION Contaminated Soil RATE TAX TOTAL NEW JERSEY 1.00 Freight Charge

I hereby certify that this load does not contain any u waste.	nauthorized hazardous
Weighmaster:	Driver:
Dee Raisner #058890.	DISTRICT COPY VOID-CUSTOMER DO NOT ACCEPT

NON-HAZARDOUS WASTE MANIFEST



Dee Maisin Facility Owner/operator (print) **IESI PA Bethlehem Landfill Corporation** 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020

5-04156

Date

Connect with the Future*	TADEL TUCIN	ity 15 No. 100020
# 1 PROFILE NUMBER RWC NUMBER		DESCRIPTION OF WASTE
1056 506		ATED SOIL / DEBRIS
# 2 GENERATOR: (Work site name and	physical address)	
Name:	7	Phone Number: (213) 637- 44/6
USEPA Region L		(212)
Address: 290 Braadway		NY 10007
Responsible Official:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	County of Origin:
I hereby certify that the waste ship		s Certification: is and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation.
to Ill	of the	27 AUL 2018
/	Generator Signature :	Date:
# 3 Is Operator/Contractor the same as YES / NO	Generator? If NO pleas	e enter Operator/Contractor information below.
OPERATOR/CONTRACTOR		
Name:	Resp	onsible Official:
SEVENSON ENVIOLE	unealter Servi	ices Joel (zachorowski
Mailing Address:		e Number:
77 Jacobus Ave K	tearny NJ	07032 (973) 344-6050
#4 Bill To: (circle one)	A CONTRACTOR	
Generator Operator Transporter O	ther (if other please enter information)	WASTE DISPOSAL SITE:
Name:		IESI PA BETHLEHEM LANDFILL CORPORATION 2335 Applebutter Road, Bethlehem PA 18015
		Lower Saucon Township, Northampton County
Waste Connections Account Number:		610-317-3200
# 5 TRANSPORTER 1		TRANSPORTER
		TRANSPORTER 2
NAME RCC#16		NAME
ADDRESS:		ADDRESS:
PO DX 4238 CLIFI	on n.	
PHONE NUMBER: 977-472-6967		PHONE NUMBER:
TRUCK NO:	TRAILER NO:	TRUCK NO: TRAILER NO:
DDIVER A Local de la	11222)	DDW/FD Advantage of the state o
DRIVER: Acknowledgement of receipt of mater	8-27-18	DRIVER: Acknowledgement of receipt of materials
Shipment Date:	Shipment Date:	Shipment Date: Shipment Date:
ALL SECTI		OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL
	DISPOSA	AL FACILITY
TICKET NO:	TIME:	DATE:
	I hereby certify receipt of the waste	materials covered by this manifest



Facility Owner/operator (print)

NON-HAZARDOUS WASTE MANIFEST

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015

5-04156

Date

WASTE CONNECTIONS INC. PADEP Facility ID No. 100020 # 1 PROFILE NUMBER RWC NUMBER **DESCRIPTION OF WASTE** 11156 # 2 GENERATOR: (Work site name and physical address) Generator's Certification: I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation Generator Signature: # 3 Is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. YES / NO OPERATOR/CONTRACTOR Mailing Address: #4 Bill To: (circle one) WASTE DISPOSAL SITE: Generator Other (if other please enter information) Operator Transporter IESI PA BETHLEHEM LANDFILL CORPORATION Name: 2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County Waste Connections Account Number: 610-317-3200 **# 5 TRANSPORTER** TRANSPORTER 1 **TRANSPORTER 2** NAME NAME ADDRESS: ADDRESS: PHONE NUMBER: PHONE NUMBER: TRUCK NO: TRAILER NO: TRUCK NO: TRAILER NO: DRIVER: Acknowledgement of receipt of materials DRIVER: Acknowledgement of receipt of materials Shipment Date: Shipment Date: Shipment Date: Shipment Date: ALL SECTIONS (#1 THROUGH #5) MUST BE FILLED OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL **DISPOSAL FACILITY** TICKET NO: TIME: DATE: I hereby certify receipt of the waste materials covered by this manifest

	Date: 8 127 118
Manifest Document No. 5 - 04156	
Trucking Company Re6co	Truck Nos. 16
Waste Decal Nos. NJ#	Truck License Numbers 9N-2725
PA# WH16042	Roll-off Container Number
Destination: IESI PA Bethlehem Landfill Corporation	Waste Type: Non Haz PCB Debris
No weight scale onsite	
PRE-LOADING TASKS	Sat / Unsat / N/A
No holes are visable in the shipping container	
Previous placarding/ labels removed or defaced	
No free standing water	
Absorbant added (If needed)	
SHIPPING TASKS	
Placards Applied (If needed)	
No leakage of water / waste material	
Bungees are securely in place.	
Container lock mechanism applied	
Waste Manifest Completed / Attached	
Authorized Manifest Signatures Clearly Written	
OFFICE TASKS	
Copy for Project Files Completed	
Copy for SES Completed	<i>\nu</i>
Copy for USACE Completed	
Copy Shipping Documents to TDSF (If needed)	

Shipping Documentation Completed By:

Print: Who Zan Jana Date: 8,27,18

Sign: Affi



2749 LOCKPORT ROAD

Weighmaster:_

001119

Bethlehem Landfill Company 2335 Applebutter Rd Bethlehem, PA 18015

PH: (610)317-3200

INVOICE SEVENSON ENVIRONMENTAL SVS

INBOUND

SITE	TICKET # 105752		OPERATOR		
56			tammyw		
IN	OUT	TRUCK	LICENCE	CONTAINER	
8/27/18 11:43 an	8/27/18 12:19 pm	URIEL17	AT672S N.		
	REFEREN	0	RIGIN		
TW 5-04	TW 5-04157			EY	

7,035							1111
ONTRACT:	1056 SYN	ICON # 92401 NV G28	389013	TW 5-04157		NEW JERS	SEY
				BOL:	4A/E-8 ELEV. 625 WH 10643 TX4GJ124	293	
QTY	UNIT	DESCRIPTION	199		RATE	TAX	TOTAL
19.95 1.00	TN	Contaminated Soil Freight Charge	NEW JERSEY				
		ten					

I hereby certify that this load does not contain any unauthorized hazardous waste.

Driver:

Dee Raisner #058890 CUSTOMER COPY

NON-HAZARDOUS WASTE MANIFEST

Facility Owner/operator (print)

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020

5-04157

Connect with the Fature	0 1101	PADEP FACILI	ILY ID NO. 100020
# 1 PROFILE NUMBER	RWC NUMBER		DESCRIPTION OF WASTE
1056	506		waters Soil / Debris
# 2 GENERATOR: (V	Work site name and	physical address)	
Name:			Phone Number:
	Region.	7/	(212) 637-44/6
Address: 290 Bro	adury	, New York	NY 10007
Responsible Official:	1		County of Origin:
		Generator	s Certification:
I her	eby certify that the waste ship	ped underthis manifest is Non-Hazardou	is and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation.
	Connecto	nell on BEHO	44 of USGAR 8/27/2018
		Generator Signature :	Date:
The same of the sa	tractor the same as S / NO	Generator? If NO please	e enter Operator/Contractor information below.
OPERATOR/CONTRA	ACTOR		
Name:	FAUITER	respondent Serv	onsible Official: 11ces Jack Czachowski
Mailing Address:			e Number:
-17)acui	13us Ave	Kearny NJ	07032 (973) 344-605-0
#4 Bill To: (circle or			
Generator Operato		Other (if other please enter information)	WASTE DISPOSAL SITE:
Name:	i ilanoportoi c	ti for (il other please enter information)	IESI PA BETHLEHEM LANDFILL CORPORATION
ivaine.			2335 Applebutter Road, Bethlehem PA 18015
Waste Connections Accour	nt Number		Lower Saucon Township, Northampton County
Tradio Commodicino Fiscoca	it Hallioon		610-317-3200
# 5 TRANSPORTER			
# 3 IIIANOI OIIIEI	TRANSPORTER 1		TRANSPORTER 2
NAME	THE STATE OF THE S		The same of the sa
NAME URIE	L TRUCK	ing	NAME
ADDRESS: 500	th Pla	in field, NJ	ADDRESS:
PHONE NUMBER:	973, 902	2043	PHONE NUMBER:
TRUCK NO: 17	1	TRAILER NO:	TRUCK NO: TRAILER NO:
DRIVER: Acknowledgen	nent of receipt of mate	rials	DRIVER: Acknowledgement of receipt of materials
Jaime.	R	08-27-18	
Shipment Date:		Shipment Date:	Shipment Date: Shipment Date:
	ALL SECT	IONS (#1 THROUGH #5) MUST BE FILLED	OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL
		DISPOSA	AL FACILITY
TICKET NO:		TIME:	DATE:
		I hereby certify receipt of the waste	materials covered by this manifest
(0			0/- 1

Facility Owner/operator (print)

NON-HAZARDOUS WASTE MANIFEST

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015

5- 04157

Date

WASTE CONNECTION Connect with the Future	is Inc.	PADEP Facility ID No. 100020			
# 1 PROFILE NUMBER	RWC NUMBER		DESCRIPTION OF WASTE		
1056	506		maters Soul / D	6113	
# 2 GENERATOR: (V	Nork site name and	physical address)			
Name:			Phone Number:		
USEPA	Rogion	7/	(212) 637.44		
Address:			NY 10000		
Responsible Official:			County of Origin:		
I her	eby certify that the waste ship		s Certification: is and is permitted to be disposed at the IESI PA Bethlehem Landfil	l Corporation.	
	Variate Pr	all solling	The second second		
	E-OH THE TEXT	Generator Signature :	Date:		
	itractor the same as S / NO	Generator? If NO please	e enter Operator/Contractor information below	<i>N</i> .	
OPERATOR/CONTRA	ACTOR				
Name:		Respo	onsible Official:		
SEVENSON	1 FINUITE	vmental Ser	vices Juel (7	and constri	
Mailing Address:			e Number:		
morphory 1	2 96	1 2	07032 (973)3	44.6050	
#4 Bill To: (circle or		Many NJ	03025 177712	7718030	
		All and the second seco	WASTE DISPOSAL	SITE:	
Generator Operato	r Transporter C	Other (if other please enter information)	IESI PA BETHLEHEM LANDFILL	CORPORATION	
Name:		The second second	2335 Applebutter Road, Bethle		
Waste Connections Accour	nt Number:		Lower Saucon Township, North	nampton County	
Waste Confidential Account	it (valido).		610-317-3200		
# 5 TRANSPORTER					
# O MANOT OTTEN	TRANSPORTER 1		TRANSPORTER 2		
NIABAT					
UKIC	L TRUCK	ang	NAME		
ADDRESS: 500	,th pla	int field, NO	ADDRESS:		
PHONE NUMBER:	973, 902	2043	PHONE NUMBER:		
TRUCK NO:	2	TRAILER NO:	TRUCK NO:	TRAILER NO:	
DRIVER: Acknowledgen	nent of receipt of mate	rials	DRIVER: Acknowledgement of receipt of materia	als	
	-	1-0-22/0			
Shipment Date:	R	Shipment Date:	Shipment Date:	Shipment Date:	
	ALL SECT	IONS (#1 THROUGH #5) MUST BE FILLED	OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL		
		DISPOS/	AL FACILITY		
TICKET NO:		TIME:	DA	ГЕ:	
		I hereby certify receipt of the waste	materials covered by this manifest		
)			

	Date: 8 12/1/3
Manifest Document No. 5.04157	
Trucking Company URIE	Truck Nos. / 7
Waste Decal Nos. NJ#	Truck License Numbers 47-6725
PA# W1770693	Roll-off Container Number
Destination: IESI PA Bethlehem Landfill Corporation	Waste Type: Non Haz PCB Debris
No weight scale onsite	
PRE-LOADING TASKS	Sat / Unsat / N/A
No holes are visable in the shipping container	
Previous placarding/ labels removed or defaced	
No free standing water	
Absorbant added (If needed)	
SHIPPING TASKS	
Placards Applied (If needed)	
No leakage of water / waste material	
Bungees are securely in place.	<i>\nu</i>
Container lock mechanism applied	
Waste Manifest Completed / Attached	
Authorized Manifest Signatures Clearly Written	
OFFICE TASKS	
Copy for Project Files Completed	V
Copy for SES Completed	r
Copy for USACE Completed	r
Copy Shipping Documents to TDSF (If needed)	

hipping Documentation Completed By:	Print: Wh Zanhus Sign:	Date: 8 , 27 , 18



Bethlehem Landfill Company 2335 Applebutter Rd Bethlehem, PA 18015 PH: (610)317-3200

SITE	TICKE	Т#	OPERATOR		
56	1058	dlraisner			
IN	OUT	TRUCK	LICENCE	CONTAINER	
8/28/18 7:56 ar	8/28/18 RCC12 7:56 am		AS890C N.		
	REFEREN	0	RIGIN		
DR 5-04158			NEW JERSEY		

001119 SEVENSON ENVIRONMENTAL SVS INC.

INVOICE INBOUND

2749 LOCKPORT ROAD CONTRACT: 1056 SYNCON # 92401 NV G2889013

100100000000000000000000000000000000000		2011 # 32 101 111 02	003010				
	(TARE 30,120 NET 40,340	lb Scale In lb Tare Out lb TONS	BOL:	4A/E-8 ELEV. 625 WH 16042 0FD268810		
QTY	UNIT	DESCRIPTION			RATE	TAX	TOTAL
20.17	TN	Contaminated Soil Freight Charge	NEW JERSEY				

I hereby certify that this load does not contain any unauthorized hazardous waste.

Weighmaster: Driver:

Dee Raisner #058890

CUSTOMER COPY

NON-HAZARDOUS WASTE MANIFEST



Facility Owner/operator (print)

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015

5-04158

Date

WASTE CONNECTION Connect with the Future	NS INC.	PADEP Facility ID No. 100020			
# 1 PROFILE NUMBER	RWC NUMBER		DESCRIPTION OF WASTE		
1056	506	CONTAMINA	ted Soil / Debris		
# 2 GENERATOR: (\	Work site name and	physical address)			
Name: USEPA	Region I	7	Phone Number: (212) 637-4416		
Address:	Maria Caracteristics and the Caracteristics a		Ny 10007		
Responsible Official:		1	County of Origin:		
USACE ON	eby certify that the waste shipp	ped underthis manifest is Non-Hazardo	r's Certification: us and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation.		
		Generator Signature :	Date:		
(YE	S/NO	Generator? If NO pleas	se enter Operator/Contractor information below.		
OPERATOR/CONTRA	ACTOR				
Name:			onsible Official:		
5 EUENSON	Environn	neated Strvi			
Mailing Address:	sus Ave	Kearny NJ	10 7032 (973) 344-6050		
#4 Bill To: (circle on	e)				
Generator Operator	Transporter O	ther (if other please enter information)	WASTE DISPOSAL SITE:		
Name:			IESI PA BETHLEHEM LANDFILL CORPORATION 2335 Applebutter Road, Bethlehem PA 18015		
Waste Connections Accoun	t Number:		Lower Saucon Township, Northampton County 610-317-3200		
# 5 TRANSPORTER					
v	TRANSPORTER 1		TRANSPORTER 2		
NAME Reboo C	ontracting C	CORP	NAME		
ADDRESS: POBOX 423	8 Cliffon,	NJ 07012	ADDRESS:		
PHONE NUMBER: 973-1	172-6067		PHONE NUMBER:		
TRUCK NO.	14 20P8	TRAILER NO:	TRUCK NO: TRAILER NO:		
DRIVER: Acknowledgem	ent of receipt of materi	als	DRIVER: Acknowledgement of receipt of materials		
Shipment Date: 8/28	3/18	Shipment Date:	Shipment Date: Shipment Date:		
, American	ALL SECTION		OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL		
			AL FACILITY		
TICKET NO:		TIME:	DATE:		
		I hereby certify receipt of the waste r	materials covered by this manifest		
1	Je Roin		Marsay 812816		
	The Cale		DING IN		



Facility Owner/operator (print)

NON-HAZARDOUS WASTE MANIFEST

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020 5-04158

Date

WASTE CONNECTIONS INC. PADEP Facility ID No. 100020 # 1 PROFILE NUMBER **RWC NUMBER DESCRIPTION OF WASTE** # 2 GENERATOR: (Work site name and physical address) Generator's Certification: I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation. Generator Signature: Date: # 3 Is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. YES / NO OPERATOR/CONTRACTOR #4 Bill To: (circle one) WASTE DISPOSAL SITE: Generator Operator Other (if other please enter information) Transporter IESI PA BETHLEHEM LANDFILL CORPORATION Name: 2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County Waste Connections Account Number: 610-317-3200 **# 5 TRANSPORTER** TRANSPORTER 1 TRANSPORTER 2 Contracting Corp NAME ADDRESS: PO 20 4226 Cliffor, NJ 07012 PHONE NUMBER: PHONE NUMBER: TRAILER NO: TRUCK NO: TRAILER NO: DRIVER: Acknowledgement of receipt of materials DRIVER: Acknowledgement of receipt of materials Shipment Date: 3/2×1/3 Shipment Date: Shipment Date: Shipment Date: ALL SECTIONS (#1 THROUGH #5) MUST BE FILLED OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL **DISPOSAL FACILITY** TICKET NO: TIME: DATE: I hereby certify receipt of the waste materials covered by this manifest

	Date: 0 / 20 / 8
Manifest Document No. 5-04158	
Trucking Company Rebco	Truck Nos.
Waste Decal Nos. NJ#	Truck License Numbers AS890C
PA# WH16012	Roll-off Container Number
Destination: IESI PA Bethlehem Landfill Corporation	Waste Type: Non Haz PCB Debris
No weight scale onsite	
DDE LOADING TAOKS	
PRE-LOADING TASKS	(Sat) Unsat / N/A
No holes are visable in the shipping container	
Previous placarding/ labels removed or defaced	
No free standing water	
Absorbant added (If needed)	
SHIPPING TASKS	
Placards Applied (If needed)	
No leakage of water / waste material	
Bungees are securely in place.	
Container lock mechanism applied	
Waste Manifest Completed / Attached	
Authorized Manifest Signatures Clearly Written	
OFFICE TASKS	
Copy for Project Files Completed	
Copy for SES Completed	
Copy for USACE Completed	
Copy Shipping Documents to TDSF (If needed)	V
	No. 10 Per la contraction de l

Shipping Documentation Completed By:

Print: 12:00 Solis Date: 8,28,18



Bethlehem Landfill Company

2335 Applebutter Rd Bethlehem, PA 18015 PH: (610)317-3200

56	10582	27
IN	OUT	TRUCK
8/28/18 7:58 am	8/28/18 7:58 am	RCC28

TICKET #

SITE

DR 5-04159

001119 SEVENSON ENVIRONMENTAL SVS INC. INVOICE INBOUND

OPERATOR

diraisner

LICENCE | CONTAINER

NEW JERSEY

2749 LOCKPORT ROAD

CONTRACT: 1056 SYNCON # 92401 NV G2889013

THOTOT	1030 3111	CON # 32 101 NV 02	2009013				- Administration
GROSS 70,960 lb Scale In TARE 28,720 lb Tare Out NET 42,240 lb TONS 21,12 TONS		COMMENTS: 4A/E-8 ELEV, 625 BOL: Truck: WH16042 G21LJ45068 Container:			1		
QTY	UNIT	DESCRIPTION			RATE	TAX	TOTAL
21.12	TN	Contaminated Soil Freight Charge	NEW JERSEY				

I hereby certify that this load does not contain any unauthorized hazardous waste.

251VI

Weighmaster:

Driver:

Dee Raisner #058890

CUSTOMER COPY

diary of NON-HAZARDOUS WASTE MANIFEST

Facility Owner/operator (print)



IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020 5-04159

PADEP Facility ID No. 100020 **RWC NUMBER DESCRIPTION OF WASTE** # 1 PROFILE NUMBER 1056 506 Contaminated Soil / Debris # 2 GENERATOR: (Work site name and physical address) Generator's Certification: I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation. #3 Is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. YES NO OPERATOR/CONTRACTOR Responsible Official: Sevensua Environmental Services 77 Jacobus Ave KEARNY NJ 07032 #4 Bill To: (circle one) WASTE DISPOSAL SITE: Generator Operator Transporter Other (if other please enter information) IESI PA BETHLEHEM LANDFILL CORPORATION Name: 2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County Waste Connections Account Number: 610-317-3200 # 5 TRANSPORTER TRANSPORTER 1 TRANSPORTER 2 NAME NAME **ADDRESS** ADDRESS: PHONE NUMBER: TRUCK NO: TRUCK NO: TRAILER NO: DRIVER: Acknowledgement of receipt of materials DRIVER: Acknowledgement of receipt of materials Shipment Date: Shipment Date: Shipment Date: ALL SECTIONS (#1 THROUGH #5) MUST BE FILLED OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL **DISPOSAL FACILITY** DATE: TICKET NO: TIME: I hereby certify receipt of the waste materials covered by this manifest

NON-HAZARDOUS WASTE MANIFEST



Facility Owner/operator (print)

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020 **5-** 04159

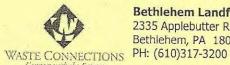
Date

WASTE CONNECTION Connect with the Future		PADEP Facility ID No. 100020			
# 1 PROFILE NUMBER	RWC NUMBER		DESCRIPTION OF WASTE		
1056	506	Contain	tot 50.1/ Dobin		
# 2 GENERATOR: (\	Work site name and	physical address)	第四届约5号和欧洲的图图的图形以4号处理图数2号。		
Name:		-7-7	Phone Number:		
115EHA 1	ROGINN -	Later Comments of the Comments	(212) 637 44/16		
Address:	an liva.	wer york .	NY 10007		
Responsible Official:			County of Origin:		
		Generator'	s Certification:		
		ped underthis manifest is Non-Hazardou	is and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation.		
WEACE DO	EMP. F. C.	TAPA			
	AMahale/	Adding	5128/18		
	A Albert	Generator Signature :	Date:		
# 3 Is Operator/Cor	ntractor the same as	Generator? If NO pleas	e enter Operator/Contractor information below.		
YE	S/NO				
OPERATOR/CONTRA	ACTOR				
Name:		Resp	onsible Official:		
Sparason	e troisen	matul ser	wices Tet Configuration		
Mailing Address:			e Number:		
77 1	6 1 1 -	to make the	67032 19731 344 6050		
#4 Bill To: (circle or	ne)		(77) 197 1030		
Generator Operato		Other (if other please enter information)	WASTE DISPOSAL SITE:		
Name:			IESI PA BETHLEHEM LANDFILL CORPORATION		
			2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County		
Waste Connections Accoun	nt Number:		610-317-3200		
# 5 TRANSPORTER					
# 5 THANSPORTER	TRANSPORTER 1		TRANSPORTER 2		
NAME)			NAME		
KEDCI	2 CONTR	ACTING LOQ	IVAVIL		
ADDRESS:	25 21'	. 11	ADDRESS:		
14.0130x4238 ChFTON.NJ 07012					
PHONE NUMBER:	MIL	77	PHONE NUMBER:		
9 to	472 606	0 +			
TRUCK NO: # PCC AX AP. 579.00			TRUCK NO: TRAILER NO:		
DRIVER: Acknowledgement of receipt of materials DRIVER: Acknowledgement of receipt of materials					
a reac Poul SIA					
Shipment Date: Shipment Date:			Shipment Date: Shipment Date:		
ALL SECTIONS (#1 THROUGH #5) MUST BE FILLED OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL					
DISPOSAL FACILITY					
TICKET NO:		TIME:	DATE:		
I hereby certify receipt of the waste materials covered by this manifest					

Date: 8128118 Manifest Document No. **Trucking Company** Truck Nos. Waste Decal Nos. Truck License Numbers Roll-off Container Number Destination: **IESI PA Bethlehem Landfill Corporation** Waste Type: Non Haz PCB Debris No weight scale onsite Sat / Unsat / N/A PRE-LOADING TASKS No holes are visable in the shipping container Previous placarding/ labels removed or defaced No free standing water Absorbant added (If needed) SHIPPING TASKS Placards Applied (If needed) No leakage of water / waste material Bungees are securely in place. Container lock mechanism applied Waste Manifest Completed / Attached Authorized Manifest Signatures Clearly Written OFFICE TASKS Copy for Project Files Completed Copy for SES Completed Copy for USACE Completed Copy Shipping Documents to TDSF (If needed)

Shipping Documentation Completed By:

Print: DAM SOKS Date: 8,28,
Sign: Coulsele



Bethlehem Landfill Company

2335 Applebutter Rd Bethlehem, PA 18015

001119

SEVENSON ENVIRONMENTAL SVS

INVOICE

INBOUND

2749 LOCKPORT ROAD CONTRACT: 1056 SYNCON # 92401 NV G2889013

SITE TICKET # **OPERATOR** 56 105868 dlraisner IN OUT TRUCK LICENCE CONTAINER 8/28/18 8/28/18 AT822A N. RCC21 10:10 am 11:01 am REFERENCE ORIGIN DR 5-04160 NEW JERSEY

		TARE 35,520 NET 40,280 TONS 20.14	lb Scale In lb Scale Out lb TONS	BOL:	4A/E-8 ELEV. 625 3/17/16 WH16042	XXGD341943	
OTY	UNIT	DESCRIPTION			RATE	TAX	TOTAL
20.14	TN	Contaminated Soil	NEW JERSEY				
1.00		Freight Charge					

I hereby certify that this load does not contain any unauthorized hazardous

Weighmaster:

Tammy Weist #84515

Driver:
DISTRICT COPY VOID-CUSTOMER DO NOT ACCEPT

NON-HAZARDOUS WASTE MANIFEST

A Subsidiary of

Facility Owner/operator (print)

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road

5-04160

Waste Connections Inc. PADEP Facility ID No. 100020						
# 1 PROFILE NUMBER	RWC NUMBER		DESCRIPTION OF WASTE			
1056	506		TEO Soil / Besil	5		
# 2 GENERATOR: (V	Nork site name and	physical address)				
Name: USEPA	Region	11	Phone Number: (2/2) 657-9	14/6		
Address:			Ny 10007			
Responsible Official:			County of Origin:			
USACE DN 3	Generator's Certification: I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation.					
	1 11 11 11 11 11 11 11 11 11 11 11 11 1	Generator Signature :	Date:			
ÝE	S/NO	Generator? If NO pleas	e enter Operator/Contractor information	below.		
OPERATOR/CONTRA	ACTOR					
Name:			onsible Official:			
DEVENSE	w ENVITOR	imcatal Ser	vices Joelcz	ac Gerouski		
Mailing Address:	1		e Number:			
		my NJ 070	32 (973) 394	6050		
#4 Bill To: (circle or			WASTE DISPO	SAL SITE:		
Generator Operato	r Transporter O	ther (if other please enter information)	IESI PA BETHLEHEM LAND			
Name:			2335 Applebutter Road, E	(4) P. T.		
Waste Connections Accoun	nt Number:		Lower Saucon Township, 610-317-3	The state of the s		
# 5 TRANSPORTER						
	TRANSPORTER 1		TRANSPORTE	R 2		
NAME Pobeo Com	tracting Con	P	NAME			
ADDRESS: 541 Stockes	sant Ave, Ly	ndhorst, NJ	ADDRESS:			
PHONE NUMBER:	3-472-606	7	PHONE NUMBER:			
TRUCK NO: 21		TRAILER NO:	TRUCK NO:	TRAILER NO:		
DRIVER: Acknowledgen	nent of receipt of mater	als 8/28/18	DRIVER: Acknowledgement of receipt of n	naterials		
Shipment Date:		Shipment Date:	Shipment Date:	Shipment Date:		
ALL SECTIONS (#1 THROUGH #5) MUST BE FILLED OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL						
DISPOSAL FACILITY DISPOSAL FACILITY						
TICKET NO:		TIME:		DATE:		
I hereby certify receipt of the waste materials covered by this manifest						
1	e Knism		1080,000	8/28/18		

Signature

Date

ASIE CONNECTIONS INC

Facility Owner/operator (print)

NON-HAZARDOUS WASTE MANIFEST

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020 5-04160

Date

WASTE CONNECTIONS INC. PADEP Facility ID No. 100020 # 1 PROFILE NUMBER RWC NUMBER **DESCRIPTION OF WASTE** 1056 # 2 GENERATOR: (Work site name and physical address) Responsible Official: Generator's Certification: I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation. HISPACE DAY BELLAND Date: # 3 Is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. YES / NO OPERATOR/CONTRACTOR Mailing Address: #4 Bill To: (circle one) WASTE DISPOSAL SITE: Generator Operator Transporter Other (if other please enter information) IESI PA BETHLEHEM LANDFILL CORPORATION Name: 2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County Waste Connections Account Number: 610-317-3200 **# 5 TRANSPORTER** TRANSPORTER 1 TRANSPORTER 2 NAME NAME ADDRESS: ADDRESS: PHONE NUMBER: PHONE NUMBER: TRUCK NO: TRAILER NO: TRUCK NO: TRAILER NO: DRIVER: Acknowledgement of receipt of materials DRIVER: Acknowledgement of receipt of materials Shipment Date: Shipment Date: Shipment Date: Shipment Date: ALL SECTIONS (#1 THROUGH #5) MUST BE FILLED OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL DISPOSAL FACILITY TICKET NO: TIME: DATE: I hereby certify receipt of the waste materials covered by this manifest

Manifest Document No. **Trucking Company** Truck Nos. Waste Decal Nos. **Truck License Numbers** Roll-off Container Number Destination: IESI PA Bethlehem Landfill Corporation Non Haz PCB Debris Waste Type: No weight scale onsite PRE-LOADING TASKS Sat/ Unsat / N/A No holes are visable in the shipping container Previous placarding/ labels removed or defaced No free standing water Absorbant added (If needed) SHIPPING TASKS Placards Applied (If needed) No leakage of water / waste material Bungees are securely in place. Container lock mechanism applied Waste Manifest Completed / Attached Authorized Manifest Signatures Clearly Written OFFICE TASKS Copy for Project Files Completed Copy for SES Completed Copy for USACE Completed Copy Shipping Documents to TDSF (If needed)

> Print: Sign:

Date: 8, 28

Shipping Documentation Completed By:



Bethlehem Landfill Company

2335 Applebutter Rd Bethlehem, PA 18015 PH: (610)317-3200

SITE	TICKE	Т#	OPERATOR tammyw			
56	1058	74				
IN	OUT	TRUCK	LICENCE	CONTAINER		
8/28/18 11:32 ar		RCC12	AS890C N.			
	REFEREN	0	RIGIN			

NEW JERSEY

001119 SEVENSON ENVIRONMENTAL SVS INVOICE INBOUND

INC. 2749 LOCKPORT ROAD

CONTRACT: 1056 SYNCON # 92401 NV G2889013

	Dilling Street, Street	CON # SE TOR THE						
		TARE 30,	120 lb	Scale In Tare Out	COMMENTS: BOL:			
			100 lb	10		2 OFD26881)	
			.05 TO	NS	Container:			
QTY	UNIT	DESCRIPTIO	N			 RATE	TAX	TOTAL
21.05	TN	Contaminated S Freight Charge		NEW JERSEY				,

TW 5-04161

I hereby certify that this load does not contain any unauthorized hazardous waste.

Driver:

Weighmaster:_

A Subsidiary of STE Connections Inc.

Facility Owner/operator (print)

NON-HAZARDOUS WASTE MANIFEST

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020 5-04161

Date

WASTE CONNECTIONS INC. PADEP Facility ID No. 100020 **RWC NUMBER** # 1 PROFILE NUMBER **DESCRIPTION OF WASTE** (ONTAMINATED 1056 506 # 2 GENERATOR: (Work site name and physical address) Responsible Official: Generator's Certification: I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation. Generator Signature : # 3 Is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. YES / NO OPERATOR/CONTRACTOR Responsible Official: Services Mailing Address: #4 Bill To: (circle one) WASTE DISPOSAL SITE: Generator Operator Transporter Other (if other please enter information) IESI PA BETHLEHEM LANDFILL CORPORATION Name: 2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County Waste Connections Account Number: 610-317-3200 # 5 TRANSPORTER TRANSPORTER 1 TRANSPORTER 2 NAME **ADDRESS** ADDRESS: PHONE NUMBER: PHONE NUMBER: TRUCK NO: TRAILER NO: TRAILER NO: DRIVER: Acknowledgement of receipt of materials DRIVER: Acknowledgement of receipt of materials Shipment Date: 8/28/18 Shipment Date: Shipment Date: Shipment Date: ALL SECTIONS (#1 THROUGH #5) MUST BE FILLED OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL **DISPOSAL FACILITY** DATE: TICKET NO: TIME: I hereby certify receipt of the-waste materials covered by this manifest



Facility Owner/operator (print)

NON-HAZARDOUS WASTE MANIFEST

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020 5-04161

Date

WASTE CONNECTION Connect with the Future*	is Inc.	PADEP Facili	lity ID No. 100020					
# 1 PROFILE NUMBER	RWC NUMBER		DESCRIPTION OF WASTE					
1056	506	(untpo	mantes Soil / Debrie					
# 2 GENERATOR: (V	Vork site name and	physical address)						
Name:	Residen_	77	Phone Number: (2/2) 637. 44/6					
Address: 290 Brus	atwery.	NEW YORK	W 10007					
Responsible Official:			County of Origin:					
		Generator	's Certification:					
I her	eby certify that the waste ship		us and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation.					
USACE ON	TENACF AY	11214	6/200					
	Michael	Mari						
	111111111111111111111111111111111111111	Generator Signature :	Date:					
# 3 Is Operator/Con	tractor the same as	Generator? If NO pleas	se enter Operator/Contractor information below.					
YES / NO								
OPERATOR/CONTRA	ACTOR							
Name:		Respo	ponsible Official:					
24400	at there	ANGIKII JAM	as sel callounts					
Mailing Address:		Phon	ne Number:					
7741A-1	A HOUTE	2000 Maria 1	ELIK MY CHO RIFE OF X	3				
#4 Bill To: (circle or	ne)							
Generator Operato	r Transporter C	Other (if other please enter information)	WASTE DISPOSAL SITE:					
Name:			IESI PA BETHLEHEM LANDFILL CORPORATION					
			2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County					
Waste Connections Accoun	nt Number:		610-317-3200					
# 5 TRANSPORTER			TRANSPORTED O					
	TRANSPORTER 1		TRANSPORTER 2	-				
NAME Reboo	Contracting	Corp	NAME					
ADDRESS:	in the second of	1.1m	ADDRESS:					
POBOX 4	1238 Clitta	, pj 07012						
PHONE NUMBER:	-6067		PHONE NUMBER:	Jack				
TRUCK NO:	AS8900	TRAILER NO:	TRUCK NO: TRAILER N	IO:				
DRIVER: Acknowledger	nent of receipt of mate	rials	DRIVER: Acknowledgement of receipt of materials					
Shipment Date: 3/2	8/18	Shipment Date:	Shipment Date: Shipment Date:					
	ALL SECT		D OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL					
			AL FACILITY					
TICKET NO:		TIME:	DATE:					
		I hereby certify receipt of the waste	e materials covered by this manifest					

Manifest Document No. **Trucking Company** Truck Nos. Waste Decal Nos. **Truck License Numbers** NJ# Roll-off Container Number PA# Destination: IESI PA Bethlehem Landfill Corporation Waste Type: Non Haz PCB Debris No weight scale onsite t)/ Unsat / N/A PRE-LOADING TASKS No holes are visable in the shipping container Previous placarding/ labels removed or defaced No free standing water Absorbant added (If needed) SHIPPING TASKS Placards Applied (If needed) No leakage of water / waste material Bungees are securely in place. Container lock mechanism applied Waste Manifest Completed / Attached **Authorized Manifest Signatures Clearly Written** OFFICE TASKS Copy for Project Files Completed Copy for SES Completed Copy for USACE Completed Copy Shipping Documents to TDSF (If needed)

Shipping Documentation Completed By:



2749 LOCKPORT ROAD

SEVENSON ENVIRONMENTAL SVS

001119

Bethlehem Landfill Company

2335 Applebutter Rd Bethlehem, PA 18015 PH: (610)317-3200

INVOICE

INVOICE INBOUND

OPERATOR SITE TICKET # 105875 56 tammyw TRUCK LICENCE CONTAINER IN OUT 8/28/18 8/28/18 AP579D N RCC28 11:34 am 11:34 am REFERENCE ORIGIN TW 5-04162 NEW JERSEY

CONTRACT:	1056 SYN	CON # 92401 NV G2	889013	TW.	5-04162	34,132,112,112,112	NEW JER	SEY
	ý	TARE 28,720 NET 41,600	lb Scale In lb Tare Out lb TONS		BOL:	4A/E-8 ELEV. 625 WH16042 G21LJ45068		٠
QTY 20.80	UNIT	DESCRIPTION Contaminated Soil	NEW JERSEY			RATE	TAX	TOTAL
1.00		Freight Charge	NEW SERSE!	ű.				
*								

I hereby certify that this load does not contain any unauthorized hazardous waste.

D3 M

reiginnaste	١.	
•	_	111 1 1 10 10 10 10 10

NON-HAZARDOUS WASTE MANIFEST



Facility Owner/operator (print)

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020 5-04162

WASTE CONNECTIONS INC. PADEP Facilit	ty ID No. 100020						
# 1 PROFILE NUMBER RWC NUMBER	DESCRIPTION OF WASTE						
1056 506 CONJamin	naked soill Debris						
# 2 GENERATOR: (Work site name and physical address)							
Name: USEPA REGION TE	Phone Number: (212) (637 - 4316)						
Address: 790 Broadway, Nas Yor	K NY 10007						
Responsible Official:	County of Origin:						
Concretor	s Certification:						
I hereby certify that the waste shipped underthis manifest is Non-Hazardou	s and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation.						
USACE ON BEFFERENCE OF USEPH	USACE PA BEFFRED PF WEPH S128/18						
Generator Signature :	Date:						
# 3 Is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. YES / NO							
OPERATOR/CONTRACTOR							
	onsible Official:						
Severson Environmental Ser	vices soll ezachorouski						
	e Number:						
77 Sorobus Ave Kear	1 NS 07032 0773-314						
#4 3ill To: (circle one)	WASTE DIODOCAL CITE						
Generator Operator Transporter Other (if other please enter information)	WASTE DISPOSAL SITE:						
Name:	IESI PA BETHLEHEM LANDFILL CORPORATION 2335 Applebutter Road, Bethlehem PA 18015						
	Lower Saucon Township, Northampton County						
Waste Connections Account Number:	610-317-3200						
# 5 TRANSPORTER							
TRANSPORTER 1	TRANSPORTER 2						
NAME EDGO CONTRACTING CORP	NAME						
ADDRESS: Y.OBOX 4238 CLIFTON. NJODO	ADDRESS:						
PHONE NUMBER: 473 . GO 67	PHONE NUMBER:						
TRUCKNO: 28 AP579 BAILER NO:	TRUCK NO: TRAILER NO:						
DRIVER: Acknowledgement of receipt of materials	DRIVER: Acknowledgement of receipt of materials						
tow/S(NN 8-28-18							
Shipment Date: Shipment Date:	Shipment Date: Shipment Date:						
SECURITY OF THE PROPERTY OF TH	OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL						
DISPOSA	AL FACILITY						
TICKET NO: TIME:	DATE:						
I hereby certify receipt of the waste	materials covered by this manifest						



Facility Owner/operator (print)

NON-HAZARDOUS WASTE MANIFEST

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015

5-04162

Date

Waste Connections Inc. PADEP Facility ID No. 100020								
# 1 PROFILE NUMBER	RWC NUMBER		DESCRIPTION OF WASTE					
1674	202		rikal soill Debrs					
# 2 GENERATOR: (V	Vork site name and	ohysical address)	。然后,这个人就是一个人的人,但是一个人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的					
Name:		and the second s	Phone Number:					
Addison	A MARINE		1712) (37-48)					
Address:		V .	K NY INT					
Responsible Official:			County of Origin:					
WACE AN	eby certify that the waste shipp	Generator ed underthis manifest is Non-Hazardor	's Certification: us and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation.					
Mark	Model P. V. L. S. 18 5 178							
		Generator Signature :	Date:					
# 3 Is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. YES / NO								
OPERATOR/CONTRA	ACTOR							
Name:	20000	Resp	onsible Official:					
The state of the	I KANYA	THE PARTY THE	were Delications					
Mailing Address:	Sidus	Phon	e Number:					
#4 Bill To: (circle on	e)		WACTE DICPOCAL CITE.					
Generator Operator	Transporter Ot	her (if other please enter information)	WASTE DISPOSAL SITE: IESI PA BETHLEHEM LANDFILL CORPORATION					
Name:			2335 Applebutter Road, Bethlehem PA 18015					
Waste Connections Accoun	t Number:		Lower Saucon Township, Northampton County					
			610-317-3200					
# 5 TRANSPORTER								
NAMES	TRANSPORTER 1		TRANSPORTER 2					
NAME EDCO	CONTRACT	ring corp	NAME					
ADDRESS:			ADDRESS:					
KOBOX 43	138 CUI	- TON - NJ07612						
PHONE NUMBER:	173.606	7	PHONE NUMBER:					
TRUCK NO:	8 AP5	TRAILER NO:	TRUCK NO: TRAILER NO:					
DRIVER: Acknowledgem	ent of receipt of materia	als	DRIVER: Acknowledgement of receipt of materials					
trust	SIMI	8.78.18						
Shipment Date:	1 10 *	Shipment Date:	Shipment Date: Shipment Date:					
	ALL SECTIO		OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL					
			AL FACILITY					
TICKET NO:		TIME:	DATE:					
		I hereby certify receipt of the waste r	naterials covered by this manifest					

Manifest Document No. **Trucking Company** Truck Nos. **Truck License Numbers** Waste Decal Nos. Roll-off Container Number Destination: **IESI PA Bethlehem Landfill Corporation** Waste Type: Non Haz PCB Debris No weight scale onsite / Unsat / N/A PRE-LOADING TASKS No holes are visable in the shipping container Previous placarding/ labels removed or defaced No free standing water Absorbant added (If needed) SHIPPING TASKS Placards Applied (If needed) No leakage of water / waste material Bungees are securely in place. Container lock mechanism applied Waste Manifest Completed / Attached Authorized Manifest Signatures Clearly Written OFFICE TASKS Copy for Project Files Completed Copy for SES Completed Copy for USACE Completed Copy Shipping Documents to TDSF (If needed)

Date: 8,28,8

Shipping Documentation Completed By:



Bethlehem Landfill Company 2335 Applebutter Rd Bethlehem, PA 18015 PH: (610)317-3200

001119	
SEVENSON ENVIRONMENTAL	SVS
INC.	
2749 LOCKPORT ROAD	

INVOICE INBOUND

SITE	TICKET	Γ#	OPERA*	TOR	
56	10595	66	diraisner		
IN	OUT	TRUCK	LICENCE	CONTAINER	
8/29/18 7:48 am	8/29/18 7:48 am	RCC12	AS890C N.		
	REFEREN	ORIGIN			
DR 5-041	63	NEW JERSEY			

CO	CONTRACT: 1056 SYNCON # 92401 NV G2889013			DR 5-04163	DR 5-04163		NEW JERSEY	
			TARE 30,120 NET 36,760 TONS 18.38		BOL:	WH 16042 0FD268810)	11
-	OTY 18.38	UNIT	DESCRIPTION Contaminated Soil	NEW JERSEY		RATE	TAX	TOTAL
	1.00		Freight Charge					(4)
		1 L	a the state of the		10			

I hereby certify that this load does not contain any unauthorized hazardous waste.

Driver:

Weighmaster: Dee Raisner #058890

CHETOMED CODY

Waste Connections Inc.

Facility Owner/operator (print)

NON-HAZARDOUS WASTE MANIFEST

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020 5-04163

1 PROFILE NUMBER **RWC NUMBER** DESCRIPTION OF WASTE Conteminated Soil Debris # 2 GENERATOR: (Work site name and physical address) Name: Phone Number: Address: Responsible Official: Generator's Certification: I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation. Generator Signature # 3 Is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. YES / NO OPERATOR/CONTRACTOR Name: Responsible Official: Mailing Address: Phone Number: #4 Bill To: (circle one) WASTE DISPOSAL SITE: Generator Operator Transporter Other (if other please enter information) IESI PA BETHLEHEM LANDFILL CORPORATION Name: 2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County Waste Connections Account Number: 610-317-3200 # 5 TRANSPORTER TRANSPORTER 1 TRANSPORTER 2 NAME ADDRESS: PHONE NUMBER: PHONE NUMBER: TRUCK NO: TRAILER NO: TRUCK NO: TRAILER NO: RCCHIZ AS890CNJ DRIVER: Acknowledgement of receipt of materials DRIVER: Acknowledgement of receipt of materials Shipment Date: Shipment Date: Shipment Date: Shipment Date: ALL SECTIONS (#1 THROUGH #5) MUST BE FILLED OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL **DISPOSAL FACILITY** TICKET NO: DATE: TIME: I hereby certify receipt of the waste materials covered by this manifest

, Kaisni



Facility Owner/operator (print)

NON-HAZARDOUS WASTE MANIFEST

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015

5-04163

Date

WASTE CONNECTIONS INC. PADEP Facility ID No. 100020 # 1 PROFILE NUMBER **RWC NUMBER DESCRIPTION OF WASTE** Carried Sollie # 2 GENERATOR: (Work site name and physical address) Phone Number: Responsible Official: County of Origin: Generator's Certification: I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation. Generator Signature # 3 Is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. YES / NO OPERATOR/CONTRACTOR Name: Responsible Official: Mailing Address: Phone Number: #4 Bill To: (circle one) WASTE DISPOSAL SITE: Generator Operator Transporter Other (if other please enter information) IESI PA BETHLEHEM LANDFILL CORPORATION Name: 2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County Waste Connections Account Number: 610-317-3200 # 5 TRANSPORTER TRANSPORTER 1 **TRANSPORTER 2** NAME ADDRESS: ADDRESS: PHONE NUMBER: TRUCK NO: TRAILER NO: TRUCK NO: TRAILER NO: RECHIZ ASMOCHI DRIVER: Acknowledgement of receipt of materials DRIVER: Acknowledgement of receipt of materials Shipment Date: Shipment Date: Shipment Date: Shipment Date: ALL SECTIONS (#1 THROUGH #5) MUST BE FILLED OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL **DISPOSAL FACILITY** TICKET NO: DATE: TIME: I hereby certify receipt of the waste materials covered by this manifest

E HILDON	Date. 0 /2 / / / /
Manifest Document No. 5 - 0165	Truck Nee
Trucking Company \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Truck Nos.
Waste Decal Nos. NJ# 00013	Truck License Numbers 747 3 7913
PA# W H 6042	Roll-off Container Number
Destination: IESI PA Bethlehem Landfill Corporation	Waste Type: Non Haz PCB Debris
No weight scale onsite	
PRE-LOADING TASKS	Sat I)Unsat / N/A
No holes are visable in the shipping container	
Previous placarding/ labels removed or defaced	
No free standing water	
Absorbant added (If needed)	
SHIPPING TASKS	
Placards Applied (If needed)	
No leakage of water / waste material	
Bungees are securely in place.	
Container lock mechanism applied	
Waste Manifest Completed / Attached	V
Authorized Manifest Signatures Clearly Written	
OFFICE TASKS	
Copy for Project Files Completed	
Copy for SES Completed	
Copy for USACE Completed	
Copy Shipping Documents to TDSF (If needed)	
	ν.

Shipping Documentation Completed By:

Print: Gill Solls
Sign: Vous Xeal

Date: 8, 29, 1/8



2749 LOCKPORT ROAD

SEVENSON ENVIRONMENTAL SVS

001119

INC.

Bethlehem Landfill Company

2335 Applebutter Rd Bethlehem, PA 18015 PH: (610)317-3200

INVOICE

INBOUND

SITE	TICKET #			OPERATOR		
56	105957			dlrais	ner	
IN		OUT	TRUCK	LICENCE	CONTAINER	
8/29/18 7:50 am		8/29/18 7:50 am	RCC28	AP579D N.		
		REFERENC	ORIGIN			
DR 5-04164				NEW JERSEY		

ONTRACT: 1056 SYNCON # 92401 NV G2889013			DR 5-04164	NEW JERS	NEW JERSEY		
	9	TARE 28,720 NET 41,000	lb Scale In lb Tare Out lb TONS	BOL:	4A/E-8 ELEV. 625 WH16042 G21LJ450	68	*
QTY 20.50	UNIT	DESCRIPTION Contaminated Soil	NEW JERSEY		RATE	TAX	TOTAL
1.00		Freight Charge					

I hereby certify that this load does not contain any unauthorized hazardous waste.

25

Weighmaster:

Driver:

Dee Raisner #058890

CUSTOMER COPY



Facility Owner/operator (print)

NON-HAZARDOUS WASTE MANIFEST

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020 5-04164

WASTE CONNECTIONS INC. PADEP Facility ID No. 100020 # 1 PROFILE NUMBER **RWC NUMBER DESCRIPTION OF WASTE** # 2 GENERATOR: (Work site name and physical address) Phone Number: Address: Responsible Official: Generator's Certification: I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation. Generator Signature: #3 is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. YES NO OPERATOR/CONTRACTOR Responsible Official: Phone Number: #4 Bill To: (circle one) WASTE DISPOSAL SITE: Generator Operator Transporter Other (if other please enter information) IESI PA BETHLEHEM LANDFILL CORPORATION Name: 2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County Waste Connections Account Number: 610-317-3200 **# 5 TRANSPORTER** TRANSPORTER 1 TRANSPORTER 2 NAME NAME ADDRESS: ADDRESS: PHONE NUMBER: TRUCK,NO TRAILER NO: TRUCK NO: TRAILER NO: DRIVER: Acknowledgement of receipt of materials DRIVER: Acknowledgement of receipt of materials Shipment Date: Shipment Date: Shipment Date: ALL SECTIONS (#1 THROUGH #5) MUST BE FILLED OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL **DISPOSAL FACILITY** DATE: TICKET NO: TIME: I hereby certify receipt of the waste materials covered by this manifest

NON-HAZARDOUS WASTE MANIFEST



Facility Owner/operator (print)

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020 5-04164

Date

WASTE CONNECTION Connect with the Future	is Inc.	PADEP Facil	lity ID No. 100020	
# 1 PROFILE NUMBER	RWC NUMBER	机探测器的现代是	DESCRIPTION OF WASTE	
1056	506	Cartain	MARI Sall Debits	
# 2 GENERATOR: (V	Vork site name and	physical address)	學者為其他是法裁學是非常進出的音音時刻的	
Name:	A 124.	- The state of the	Phone Number: (512 \ (5) \ (4/14	
Address:	rodury	AR You	K NY KUT	-12
Responsible Official:		4	County of Origin:	
USACE D	eby certify that the waste shipp		r's Certification: us and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation. Date:	
	S / NO	Generator? If NO pleas	se enter Operator/Contractor information below.	
OPERATOR/CONTRA	ACTOR			
Name:	- E- W	Respo	ponsible Official:	
Mailing Address:		Phon	ne Number:	
ガサス	Lens A	Q Las	17.73 (OTE) 24.1.	4
#4 Bill To: (circle on	e)		The state of the s	-1-
Generator Operator	Transporter O	ther (if other please enter information)	WASTE DISPOSAL SITE:	
Name:			IESI PA BETHLEHEM LANDFILL CORPORATION 2335 Applebutter Road, Bethlehem PA 18015	
Waste Connections Accoun	t Number:		Lower Saucon Township, Northampton County 610-317-3200	
# 5 TRANSPORTER				
	TRANSPORTER 1		TRANSPORTER 2	
NAME	CONTRA	CTING CORP	NAME	
ADDRESS:	120011	TAL MOVING	ADDRESS:	
PHONE NUMBER:	77 606	7	PHONE NUMBER:	
TRUCK NO:	8 AP	TRAILER NO:	TRUCK NO: TRAILER NO:	
DRIVER: Acknowledgem	ent of receipt of materi	als	DRIVER: Acknowledgement of receipt of materials	
Shipment Date:	WI SiTM	Shipment Date:	Shipment Date: Shipment Date:	
	ALL SECTION		OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL	
TICKET NO:		10-10-10-10-10-10-10-10-10-10-10-10-10-1	AL FACILITY	
HORET NO:		TIME:	DATE:	
		I hereby certify receipt of the waste n	materials covered by this manifest	

	Date: 0 129 1 /8
Manifest Document No. 5 - 04164	
Trucking Company Pebeo	Truck Nos.
Waste Decal Nos. NJ#	Truck License Numbers A 5500C
PA# WHIGH	Roll-off Container Number
Destination: IESI PA Bethlehem Landfill Corporation	Waste Type: Non Haz PCB Debris
No weight scale onsite	
PRE-LOADING TASKS	Sat)/ Unsat / N/A
No holes are visable in the shipping container	
Previous placarding/ labels removed or defaced	
No free standing water	
Absorbant added (If needed)	
SHIPPING TASKS	
Placards Applied (If needed)	
No leakage of water / waste material	
Bungees are securely in place.	
Container lock mechanism applied	
Waste Manifest Completed / Attached	
Authorized Manifest Signatures Clearly Written	
OFFICE TASKS	
Copy for Project Files Completed	
Copy for SES Completed	
Copy for USACE Completed	
Copy Shipping Documents to TDSF (If needed)	

Shipping Documentation Completed By:

Print: Kang Solis Date: 8,28,18
Sign: Keir Serl



2749 LOCKPORT ROAD

SEVENSON ENVIRONMENTAL SVS

001119

INC.

Bethlehem Landfill Company

2335 Applebutter Rd Bethlehem, PA 18015 PH: (610)317-3200

	50		
	IN	OUT	Т
INVOICE INBOUND	8/29/18 9:36 am	8/29/18 10:16 am	F

SITE	TICKET #				OPERATOR			
56		105	993		dlraisner			
IN	IN OUT TRUC				LICENCE	CONTAINER		
8/29/18 9:36 am		8/29/18 10:16 am	RCC21		AT822A N.			
REFERENCE				ORIGIN				
DR 5-04	DR 5-04165				NEW JERSEY			

CONTRACT: 1056 SYNCON # 92401 NV G2889013 GROSS 77,240 lb Scale In COMMENTS: 4A/E-8 ELEV. 625 35,900 lb Scale Out TARE NET 41,340 lb Truck: 3/17/16 WH16042 XXGD341943 TONS 20.67 TONS Container: OTY 20.67 DESCRIPTION Contaminated Soil RATE TOTAL NEW JERSEY Freight Charge 1.00

I hereby certify that this load does not contain any unauthorized hazardous waste.

Driver:

Dee Raisner #058890

Weighmaster:

CUSTOMER COPY

Modelfree

NON-HAZARDOUS WASTE MANIFEST



Facility Owner/operator (print)

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020 5-04165

WASTE CONNECTIONS INC. PADEP Facility ID No. 100020 **DESCRIPTION OF WASTE** # 1 PROFILE NUMBER RWC NUMBER Contaminated # 2 GENERATOR: (Work site name and physical address) Phone Number: Address: County of Origin: Responsible Official: Generator's Certification: I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation. Generator Signature Date # 3 Is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. YES / NO OPERATOR/CONTRACTOR Responsible Official: Name: Mailing Address: Phone Number: #4 Bill To: (circle one) WASTE DISPOSAL SITE: Generator Operator Transporter Other (if other please enter information) IESI PA BETHLEHEM LANDFILL CORPORATION Name: 2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County Waste Connections Account Number: 610-317-3200 # 5 TRANSPORTER TRANSPORTER 1 **TRANSPORTER 2** NAME NAME ADDRESS: ADDRESS: PHONE NUMBER PHONE NUMBER: TRAILER NO: TRAILER NO: TRUCK NO: TRUCK NO: DRIVER: Acknowledgement of receipt of materials DRIVER: Acknowledgement of receipt of materials Shipment Date: Shipment Date: Shipment Date: Shipment Date: ALL SECTIONS (#1 THROUGH #5) MUST BE FILLED OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL **DISPOSAL FACILITY** DATE: TIME: TICKET NO: I hereby certify receipt of the waste materials covered by this manifest

Maranin

Signature

Date



Facility Owner/operator (print)

NON-HAZARDOUS WASTE MANIFEST

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020 **5-** 04165

Date

WASTE CONNECTION Connect with the Future?	is Inc.	PADEP Faci	lity ID No. 100020		
# 1 PROFILE NUMBER	RWC NUMBER		DESCRIPTI	ON OF WASTE	
tisk	506	Centinue	led Sed	DAG	
# 2 GENERATOR: (V	Vork site name and p	hysical address)			
Name:			Phone Numb	er:	
USER	- KRIVE	- Warring to the same of the s	(515)	1687-441/	
Address:	- 1 CV	X18 V. 18	AIV		
Responsible Official:	The state of the s	TOTAL STATE OF THE	County of Or	igin:	
			No. of the control of		
Lher	eby certify that the waste shippe	Generator d underthis manifest is Non-Hazardo	's Certification: us and is permitted to be dispo	sed at the IESI PA Bethlehem Landfill Corporation.	
WACELN	EXHAP CF 1	cara		San Table 1 and 1	
				SIXIK	
		Generator Signature :		Date:	
# 3 Is Operator/Con	tractor the same as	Generator? If NO pleas	e enter Operator/Cor	ntractor information below.	
	S/NO	The second secon	o criter operator/our	mactor information below.	
OPERATOR/CONTRA	CTOR				
Name:		Resp	onsible Official:	Shinate	1
JUNE I	CHARAMAN	EL SAVELS		Seel Liter Head	AUK,
Mailing Address:		Phon	e Number:		
	COLDER /	Aut Konn	NNS	(7 52 F)	X16-68
#4 Bill To: (circle on	e)				
Generator Operator	Transporter Oth	ner (if other please enter information)	and sub-	WASTE DISPOSAL SITE:	
Name:				BETHLEHEM LANDFILL CORPOR	
		N. Carrier		pplebutter Road, Bethlehem PA 1 Saucon Township, Northampton C	
Waste Connections Accoun	t Number:		LOWER	610-317-3200	Odrity
# 5 TRANSPORTER					
	TRANSPORTER 1			TRANSPORTER O	
NAME			NAME	TRANSPORTER 2	
Petro Con	hacting for	2	NAME		
ADDRESS:	3 /	b.	ADDRESS:		
541 Studiesas	of Ave. Lyp	thurst NoT			
PHONE NUMBER:			PHONE NUMBER:		
973	· 472 · 606	7			
TRUCK NO:		TRAILER NO:	TRUCK NO:	TR	AILER NO:
DRIVER: Acknowledgem	ent of receipt of materia	ls	DRIVER: Acknowledge	ement of receipt of materials	
111	17	abolic		en en estado en materiale	
Ohioma L Doba	Prarro	8/2415			
Shipment Date:	ALL SECTION	Shipment Date:	Shipment Date:		ent Date:
	ALL SECTION	S (#1 THROUGH #5) MUST BE FILLED DISPOSA	AL FACILITY	MATERIAL AT LANDFILL	
TICKET NO:		TIME:		DATE:	
			K 181 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		I hereby certify receipt of the waste	materials covered by this manifest		

	Date: 8 18
Manifest Document No. 5-64165	
Trucking Company	Truck Nos.
Waste Decal Nos. NJ# 00095 2001	Fruck License Numbers AT 822 A
PA# WHIGHZ	Roll-off Container Number 304
Destination: IESI PA Bethlehem Landfill Corporation	Waste Type: Non Haz PCB Debris
N	
No weight scale onsite	
PRE-LOADING TASKS	Sat / Unsat / N/A
No holes are visable in the shipping container	
Previous placarding/ labels removed or defaced	
No free standing water	
Absorbant added (If needed)	
SHIPPING TASKS	
Placards Applied (If needed)	
No leakage of water / waste material	
Bungees are securely in place.	
Container lock mechanism applied	
Waste Manifest Completed / Attached	
Authorized Manifest Signatures Clearly Written	
OFFICE TASKS	
Copy for Project Files Completed	
Copy for SES Completed	
Copy for USACE Completed	
Copy Shipping Documents to TDSF (If needed)	

Shipping Documentation Completed By:

Print: Sign: Culcol

Date: 8, 29,1/8



2749 LOCKPORT ROAD

Bethlehem Landfill Company

2335 Applebutter Rd Bethlehem, PA 18015 PH: (610)317-3200

001119	
SEVENSON	ENVIRONMENTAL SVS
INC.	

INVOICE

INBOUND

SITE **OPERATOR** TICKET # 106005 56 tammyw OUT TRUCK LICENCE | CONTAINER IN 8/29/18 8/29/18 AS890C N RCC12 11:15 am 11:15 am REFERENCE ORIGIN **NEW JERSEY** TW 5-04166

CONTRACT: 1056 SYNCON # 92401 NV G2889013 **GROSS** 73,060 lb Scale In COMMENTS: 4A/E-8 ELEV. 625 TARE 30,120 lb Tare Out Truck: WH 16042 0FD268810 NET 42,940 lb TONS 21.47 TONS Container: DESCRIPTION
Contaminated Soil RATE TAX TOTAL UNIT QTY 21.47 NEW JERSEY 1.00 Freight Charge

I hereby certify that this load does not contain any unauthorized hazardous waste.

Weighmaster: Tammy Weist #84515 Driver:

NON-HAZARDOUS WASTE MANIFEST



IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015

5-04166

WASTE CONNECTIONS INC. Counted with the Future* PADEP Facility ID No. 100020					
# 1 PROFILE NUMBER	RWC NUMBER			DESCRIPTION OF WASTE	
1056	506	Contamino	ted	Soil/Debris	
# 2 GENERATOR: (V	Vork site name and	physical address)		是有其他是是是是是一种的。 第一种是一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一	
Name: USEPA	Perion =			Phone Number: (212) (657-4(1/6)	
Address:	Broodwal	1 New Yor	K	NT 10007	
Responsible Official:				County of Origin:	
USACE ON BE	HALF OF US	Generator Signature :	us and is pe	permitted to be disposed at the IESI PA Bethlehem Landfill Corporation. Date:	
		Generator? If NO pleas	e enter	r Operator/Contractor information below.	
(YE	S/NO				
OPERATOR/CONTRA	ACTOR				
Name:		Resp	onsible Of	Official:	
SAIDASA	Fairne	nont / con	heo	As word 1802 So	8
Mailing Address:	1 THAM	Phon	e Number	ar Soll Carridade	-
1 -	1	1/ / /	I Valliber	5703 > (Om) 311, 1 =	
	bus ave	KPGINY N	2	01055 (2/13)- 2H-605C)
#4 Bill To: (circle on	ie)			WASTE DISPOSAL SITE:	
Generator Operator	r Transporter O	ther (if other please enter information)			
Name:				IESI PA BETHLEHEM LANDFILL CORPORATION	
7				2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County	
Waste Connections Accour	nt Number:			610-317-3200	
# 5 TRANSPORTER					
# 3 INANSPUNIER	TRANSPORTER 1			TRANSPORTER 2	
	THANSFORTER I				
NAME' Kebco C	iontracting	Corp	NAME		
ADDRESS: POBOx42	38 Clifto	21010 Luin	ADDRE	RESS:	
PHONE NUMBER:	2)		PHON	NE NUMBER:	
973-4	72-6067				
TRUCK NO:	AS8900	TRAILER NO:	TRUCK	CK NO: TRAILER NO:	
DRIVER: Acknowledgen	nent of receipt of mater	ials	DRIVE	ER: Acknowledgement of receipt of materials	
Shipment Date: 8/2	7/18	Shipment Date:	Shipme	ment Date: Shipment Date:	
	ALL SECTI			OR TO ACCEPTANCE OF MATERIAL AT LANDFILL	
		DISPOSA	AL FACII	ILITY	
TICKET NO:		TIME:		DATE:	
		I hereby certify receipt of the waste	materials co	overed by this manifest	
Tamm	u lilo	87	11	10001AD 0/20118	/
Facilit	ty/Owner/operator (print)	9 - (-6		Signature Date	



Facility Owner/operator (print)

NON-HAZARDOUS WASTE MANIFEST

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020 5-04166

Date

WASTE CONNECTION Connect with the Future	is Inc.	PADEP Facili	ity ID N	No. 100020	
# 1 PROFILE NUMBER	RWC NUMBER			DESCRIPTION OF WASTE	
1056	506	Continue	KI	Soil/Delxis	
# 2 GENERATOR: (V	Vork site name and	physical address)			
Name:				Phone Number:	
CREBY 1	ACUS .	autorie/		6712 657-4116	
Address:	Raduce	1. NEW YOR	K	NY 1007	
Responsible Official:				County of Origin:	
		0		P - 11 - 11 - 11 - 11 - 11 - 11 - 11 -	
I her	eby certify that the waste shipp	Generator ped underthis manifest is Non-Hazardou		permitted to be disposed at the IESI PA Bethlehem Landfill Corporation.	
	HALF OF US	FrA		12 15	
	1	22/6		0/0//8	
		Generator Signature :		Date:	
# 3 Is Operator/Con	tractor the same as	Generator? If NO pleas	e enter (er Operator/Contractor information below.	
	S/NO				
OPERATOR/CONTRA	ACTOR				
Name:		Respo	onsible Of	Official:	
DAVENSON	FINALLY /	wal Je	NCC	cs , Sel cz-charck	A
Mailing Address:		Phon	e Number	per:	
AJ 21.	lus ave	Kam/ 1	1	07032 (CFPS)-34KI-6650	
#4 Bill To: (circle or					
Generator Operato	r Transporter O	ther (if other please enter information)	1 A 1	WASTE DISPOSAL SITE:	
Name:			7 70	IESI PA BETHLEHEM LANDFILL CORPORATION	
				2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County	
Waste Connections Accour	nt Number:			610-317-3200	
# 5 TRANSPORTER	TRANSPORTER 1			TRANSPORTER 2	
NAME O 4	The second secon		NAME		
NAME Kebro	Contracting	Corp	NAME	,E	
ADDRESS: POCox 42	38 Clifto	SIOLO IN'	ADDRE	RESS:	
PHONE NUMBER:	172-6067		PHONE	NE NUMBER:	
TRUCK NO:	A58900	TRAILER NO:	TRUCK	CK NO: TRAILER NO:	
DRIVER: Acknowledgen	nent of receipt of mater		DRIVE	/ER: Acknowledgement of receipt of materials	
Jain	ie Kuncel				
Shipment Date: 8/2	7/18	Shipment Date:	Shipme	ment Date: Shipment Date:	
	ALL SECTI			OR TO ACCEPTANCE OF MATERIAL AT LANDFILL	
		DISPOSA	AL FACII		
TICKET NO:		TIME:		DATE:	
		I hereby certify receipt of the waste	materials co	covered by this manifest	

Manifest Document No. **Trucking Company** Truck Nos. **Truck License Numbers** Waste Decal Nos. Roll-off Container Number IESI PA Bethlehem Landfill Corporation Non Haz PCB Debris Destination: Waste Type: No weight scale onsite Unsat / N/A PRE-LOADING TASKS No holes are visable in the shipping container Previous placarding/ labels removed or defaced No free standing water Absorbant added (If needed) SHIPPING TASKS Placards Applied (If needed) No leakage of water / waste material Bungees are securely in place. Container lock mechanism applied Waste Manifest Completed / Attached **Authorized Manifest Signatures Clearly Written** OFFICE TASKS Copy for Project Files Completed Copy for SES Completed Copy for USACE Completed Copy Shipping Documents to TDSF (If needed)

Date: 8, 81

Shipping Documentation Completed By:



Bethlehem Landfill Company 2335 Applebutter Rd Bethlehem, PA 18015 PH: (610)317-3200

001119 SEVENSON	ENVIRONMENTAL SVS
INC.	ETTERONI TENTIAL OVO
2749 LOCK	PORT ROAD

INVOICE INBOUND

106004 56 tammyw TRUCK LICENCE | CONTAINER OUT IN 8/29/18 8/29/18 AP579D N RCC28 11:13 am 11:13 am ORIGIN REFERENCE

OPERATOR

NEW JERSEY

CONTRACT: 1056 SYNCON # 92401 NV G2889013

TICKET #

		GROSS	74,240 1	b Scale In	COMMENTS:	4A/E-8 E	LEV. 625		1
			28,720 I	b Tare Out	BOL:				
		NET	45,520 1	b	Truck:	WH1604	2 G21LJ4506	8	
		TONS	22.76	TONS	Container:				
OTY	UNIT	DESCRIP					RATE	TAX	TOTAL
22.76	TN	Contaminat		NEW JERSEY					
1.00		Freight Cha	rge						
		1							
		N.							
									1
+									
							1		

SITE

TW 5-04167

I	hereby	certify	that	this	load	does	not	contain	any	unauth	orized
h	azardou	is wast	e.								

PGM

Weighmaster:

Tammy Weist #84515

Driver:

CUSTOMER COPY

NON-HAZARDOUS WASTE MANIFEST

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015

5-04167

WASTE CONNECTIONS INC. Connect units the Patture* PADEP Facility ID No. 100020								
# 1 PROFILE NUMBER	RWC NUMBER		DESCRIPTION OF WASTE					
1056	506		ted Soil IDebris					
# 2 GENERATOR: (\	Work site name and	physical address)		rier				
Name: USEP	A Region	I	Phone Number: (212) (57-4416)					
Address:	790 Broducy, New York NY 10007							
Responsible Official:	Responsible Official: County of Origin:							
USACE ON BE	Generator's Certification: I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation. Generator Signature: Date:							
# 3 Is Operator/Con	tractor the same as	Generator? If NO pleas	se enter Operator/Contractor information below.					
YE	S/NO		of the operator/oshtractor information below.					
OPERATOR/CONTRA								
Name:	ACTOR	P	Officials					
6 -	~ T	Hesp	ponsible Official:	1 - 1				
LUPISO	1 TUNIO	ind her sou	vices soll (700 horaus	SKI				
Mailing Address:		Phon	ne Number:					
77 54	echos Au	e Kenny.	NJU763 (973)-4/4-((80-				
#4 Bill To: (circle on	(e)							
Generator Operator	Transporter Of	her (if other please enter information)	WASTE DISPOSAL SITE:					
Name:		Pro-	IESI PA BETHLEHEM LANDFILL CORPORATION					
্ব			2335 Applebutter Road, Bethlehem PA 18015					
Waste Connections Accoun	t Number:		Lower Saucon Township, Northampton County 610-317-3200					
# 5 TRANSPORTER								
Commission Control of Commission of Manager 11, 1990, 117	TRANSPORTER 1		TRANSPORTER 2					
NAME	CONTRACT	ing corp	NAME					
POBOX 4	238 Clip	-10 N. N) 01012	ADDRESS:					
PHONE NUMBER:	12 6067		PHONE NUMBER:					
TRUCK NO: CC #	=26 A	P. 5790	TRUCK NO: TRAILER NO	O:				
DRIVER: Acknowledgem	ent of receipt of materi	als	DRIVER: Acknowledgement of receipt of materials					
Paulo 9	oilm	8-29-18						
Shipment Date:	ALL CECTIO	Shipment Date:	Shipment Date: Shipment Date:					
	ALL SECTION		OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL AL FACILITY					
TIOVET NO								
TICKET NO:	40	TIME:	DATE:					
- Gmm Facility	y Owner/operator (print)	I hereby certify receipt of the waste.	materials covered by this manifest Signature Date Da	2_				



NON-HAZARDOUS WASTE MANIFEST

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020 5-04167

PADEP Facility ID No. 100020 WASTE CONNECTIONS INC. **DESCRIPTION OF WASTE RWC NUMBER** # 1 PROFILE NUMBER # 2 GENERATOR: (Work site name and physical address) Phone Number: Name: Address: Responsible Official: Generator's Certification: I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation. Date: Generator Signature: # 3 Is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. YES / NO OPERATOR/CONTRACTOR Responsible Official: Name: Phone Number: Mailing Address: #4 Bill To: (circle one) WASTE DISPOSAL SITE: Operator Transporter Other (if other please enter information) Generator IESI PA BETHLEHEM LANDFILL CORPORATION Name: 2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County Waste Connections Account Number: 610-317-3200 # 5 TRANSPORTER TRANSPORTER 2 TRANSPORTER 1 NAME NAME ADDRESS: ADDRESS: PHONE NUMBER: PHONE NUMBER TRAILER NO: TRUCK NO: TRAILER NO: TRUCK NO: DRIVER: Acknowledgement of receipt of materials DRIVER: Acknowledgement of receipt of materials Shipment Date: Shipment Date: Shipment Date: ALL SECTIONS (#1 THROUGH #5) MUST BE FILLED OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL DISPOSAL FACILITY DATE: TIME: TICKET NO: I hereby certify receipt of the waste materials covered by this manifest

C 1/1/1	Date. 0 10 1118
Manifest Document No.	
Trucking Company 7660	Truck Nos.
Waste Decal Nos. NJ# 0653	Truck License Numbers AP579D
PA# WHILGOLIZ	Roll-off Container Number
Destination: IESI PA Bethlehem Landfill Corporation	Waste Type: Non Haz PCB Debris
No weight scale onsite	
PRE-LOADING TASKS	Sat / Unsat / N/A
No holes are visable in the shipping container	
Previous placarding/ labels removed or defaced	
No free standing water	
Absorbant added (If needed)	
SHIPPING TASKS	
Placards Applied (If needed)	
No leakage of water / waste material	
Bungees are securely in place.	
Container lock mechanism applied	
Waste Manifest Completed / Attached	
Authorized Manifest Signatures Clearly Written	
OFFICE TASKS	
Copy for Project Files Completed	
Copy for SES Completed	/
Copy for USACE Completed	
Copy Shipping Documents to TDSF (If needed)	

Shipping Documentation Completed By:

Print: Other Soll'S

Solis Date: 8, 09, 05



Bethlehem Landfill Company

2335 Applebutter Rd Bethlehem, PA 18015 PH: (610)317-3200

001119
SEVENSON ENVIRONMENTAL SVS
INC.
2749 LOCKPORT ROAD

INVOICE INBOUND

SITE TICKET #			OPERATOR		
56	10609	90	tammyw		
IN	OUT	TRUCK	LICENCE	CONTAINER	
8/30/18 7:42 an	8/30/18 7:42 am	RCC12 AS8900		25000.0	
	REFEREN	CE	0	RIGIN	
THE 04	160		NEW JERG	EV.	

CONTRACT:	1056 SYN	CON # 92401 NV G28	389013	11/ 3-04108		INCAA DEK	JLI
				BOL:	4A/E-8 ELEV. 625 WH 16042 OFD268810)	
QTY	UNIT	DESCRIPTION		1.10	RATE	TAX	TOTAL
20.40	TN	Contaminated Soil	NEW JERSEY				
	=	i					

I hereby certify that this load does not contain any unauthorized hazardous waste.

Driver:

CUSTOMER COPY

NON-HAZARDOUS WASTE MANIFEST



Facility Owner/operator (print)

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020 5-04168

WASTE CONNECTIONS INC.		PADEP Facili						
# 1 PROFILE NUMBER	RWC NUMBER		DESCRIPTION OF WASTE					
1056	506	Contininat	d Soils/Debris					
# 2 GENERATOR: (\	# 2 GENERATOR: (Work site name and physical address)							
Name: USEP	Name: USEPA Region II Phone Number: 212 657-4616							
Address:	. 1 .	110 11/-1	· IIV Inon					
Paramailla Official	x ordusu	, New York	-, 10007					
Responsible Official:			County of Origin:					
Generator's Certification: I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation. Separator Signature: Date:								
# 3 Is Operator/Cor	stractor the same as	Generator? If NO pleas	enter Operator/Contractor information be	low				
	SINO							
OPERATOR/CONTRA	ACTOR							
Name:		Resp	sible Official:					
Solphan	a Fauira	mental Sevi	os Del Co	schorauski				
Mailing Address:	7 I LIONG		lumber:					
FF	Seruhus 1	AUD Koroni	NT 17732	(973) 2(K1-103				
#4 Bill To: (circle or	ne)		1700000	110))1100				
Generator Operato	r Transporter C	Other (if other please enter information)	WASTE DISPOSA					
Name:			IESI PA BETHLEHEM LANDFI					
Wests Connections Assess	nt Numb ou		2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County					
Waste Connections Accoun	nt Number.		610-317-320	0				
# 5 TRANSPORTER								
421	TRANSPORTER 1		TRANSPORTER 2	2				
NAME Reboo!	Contracting	Corp	NAME					
ADDRESS: POBOX 42	38 Clifton	, 207012	ADDRESS:					
PHONE NUMBER:	-6067		PHONE NUMBER:					
TRUCK NO: RCCH12	ASSTOC	TRAILER NO:	RUCK NO:	TRAILER NO:				
DRIVER: Acknowledger	Rent of receipt of mater	rials	DRIVER: Acknowledgement of receipt of mate	erials				
Shipment Date: 8/3	oli8	Shipment Date:	Shipment Date:	Shipment Date:				
	ALL SECTIONS (#1 THROUGH #5) MUST BE FILLED OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL DISPOSAL FACILITY							
TICKET NO.				NATE:				
TICKET NO:		TIME:		DATE:				
. 0		I hereby certify receipt of the waste	terials covered by this manifest					
		-						



Facility Owner/operator (print)

NON-HAZARDOUS WASTE MANIFEST

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020 5-04168

Date

WASTE CONNECTIONS INC. PADEP Facility ID No. 100020 # 1 PROFILE NUMBER **RWC NUMBER DESCRIPTION OF WASTE** F Halano Redard and world # 2 GENERATOR: (Work site name and physical address) Phone Number: Address: Responsible Official: Generator's Certification: I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation. Generator Signature: Date: # 3 Is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. YES / NO OPERATOR/CONTRACTOR Name: Responsible Official: Mailing Address: Phone Number: #4 Bill To: (circle one) WASTE DISPOSAL SITE: Generator Operator Transporter Other (if other please enter information) IESI PA BETHLEHEM LANDFILL CORPORATION Name: 2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County Waste Connections Account Number: 610-317-3200 # 5 TRANSPORTER TRANSPORTER 1 TRANSPORTER 2 NAME ADDRESS: ADDRESS: PHONE NUMBER: PHONE NUMBER: TRAILER NO: TRUCK NO: TRAILER NO: DRIVER: Acknowledgement of receipt of materials DRIVER: Acknowledgement of receipt of materials Shipment Date: Shipment Date: Shipment Date: Shipment Date: ALL SECTIONS (#1 THROUGH #5) MUST BE FILLED OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL **DISPOSAL FACILITY** TICKET NO: TIME: DATE: I hereby certify receipt of the waste materials covered by this manifest

	Date: 8,30,1
Manifest Document No. 5-04168	
Trucking Company Resco	Truck Nos. /2
Waste Decal Nos. NJ# PA# W/1/6042	Truck License Numbers AS-890 C Roll-off Container Number
Destination: IESI PA Bethlehem Landfill Corporation	Waste Type: Non Haz PCB Debris
No weight scale onsite	
PRE-LOADING TASKS	Sat) Unsat / N/A
No holes are visable in the shipping container	
Previous placarding/ labels removed or defaced	
No free standing water	
Absorbant added (If needed)	
SHIPPING TASKS	
Placards Applied (If needed)	
No leakage of water / waste material	
Bungees are securely in place.	
Container lock mechanism applied	
Waste Manifest Completed / Attached	
Authorized Manifest Signatures Clearly Written	
OFFICE TASKS	
Copy for Project Files Completed	
Copy for SES Completed	
Copy for USACE Completed	
Copy Shipping Documents to TDSF (If needed)	

Shipping Documentation Completed By:

Print: William Rambrenz Date: 8, 30, 18
Sign:



Bethlehem Landfill Company

2335 Applebutter Rd Bethlehem, PA 18015 PH: (610)317-3200

001119		
SEVENSON	ENVIRONMENTAL SVS	
TNIC		

INVOICE INBOUND

The second second					
56	10609	1	tamm	yw	
IN	OUT	TRUCK	LICENCE	CONTAINER	
8/30/18 7:54 am	8/30/18 7:54 am	RCC28	AP579D N		
	REFEREN	CE	0	RIGIN	
TW 5-041	.69		NEW JERSEY		

OPERATOR

TICKET #

2749 LOCKPORT ROAD CONTRACT: 1056 SYNCON # 92401 NV G2889013

GROSS 75,700 lb Scale In COMMENTS: 4A/E-8 ELEV. 625 TARE 28,720 lb Tare Out NET 46,980 lb Truck: WH16042 G21LJ45068 TONS 23.49 TONS Container: OTY 23.49 UNIT DESCRIPTION Contaminated Soil RATE TAX TOTAL **NEW JERSEY**

I hereby certify that this load does not contain any unauthorized hazardous waste.

SITE

Driver:

CUSTOMER COPY



Facility Owner/operator (print)

NON-HAZARDOUS WASTE MANIFEST

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020 5-04169

WASTE CONNECTIONS INC. PADEP Facility ID No. 100020 **RWC NUMBER** # 1 PROFILE NUMBER **DESCRIPTION OF WASTE** # 2 GENERATOR: (Work site name and physical address) Phone Number: Address: Responsible Official: County of Origin: Generator's Certification: I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation. Generator Signature # 3 Is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. YES / NO OPERATOR/CONTRACTOR Responsible Official: Name: Mailing Address: Phone Number: #4 Bill To: (circle one) WASTE DISPOSAL SITE: Generator Operator Transporter Other (if other please enter information) IESI PA BETHLEHEM LANDFILL CORPORATION Name: 2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County Waste Connections Account Number: 610-317-3200 **# 5 TRANSPORTER** TRANSPORTER 1 TRANSPORTER 2 NAME NAME ADDRESS: ADDRESS: PHONE NUMBER: TRUCK NO TRAILER NO: TRUCK NO: TRAILER NO: DRIVER: Acknowledgement of receipt of materials DRIVER: Acknowledgement of receipt of materials Shipment Date Shipment Date: Shipment Date: ALL SECTIONS (#1 THROUGH #5) MUST BE FILLED OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL DISPOSAL FACILITY DATE: TICKET NO: TIME: I hereby certify receipt of the waste materials covered by this manifest

Facility Owner/operator (print)

NON-HAZARDOUS WASTE MANIFEST

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015

5- 04169

WASTE CONNECTION Connect with the Future	S INC.	PADEP Facility ID No. 100020		
# 1 PROFILE NUMBER	RWC NUMBER		DESCRIPTION OF WASTE	
1056	506	Continu	mated Sell Debis	
# 2 GENERATOR: (V	Vork site name and	physical address)	1985年 · 1986年 - 1985年 - 1986年 -	
Name:	A Reci	1	Phone Number:	
Address:	so dest	Alex Ki	KNY NOT	
Responsible Official:	1		County of Origin:	
		Generator's	s Certification:	
STATES AND ADDRESS OF THE PARTY		ped underthis manifest is Non-Hazardous	s and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation.	
B West TW B	FHACE OF E	2011		
		Congretor Signature	Peter	
		Generator Signature :	Date:	
		Generator? If NO please	e enter Operator/Contractor information below.	
	S/NO			
OPERATOR/CONTRA	ACTOR			
Name:	A TELL	112	onsible Official:	
Mallies Address	THE TWEE	WHATT >	MUNICOS CONTROLOGIA,	
Mailing Address:	-	Phone	e Number:	
#4 BULT 4		Min Regult	1 NO 1362 (13) 34 460	
#4 Bill To: (circle or			WASTE DISPOSAL SITE:	
Generator Operato	r Transporter C	Other (if other please enter information)	IESI PA BETHLEHEM LANDFILL CORPORATION	
Name:			2335 Applebutter Road, Bethlehem PA 18015	
Waste Connections Accoun	nt Number:		Lower Saucon Township, Northampton County 610-317-3200	
			010-317-3200	
# 5 TRANSPORTER				
	TRANSPORTER 1		TRANSPORTER 2	
NAME KEDCO	CONTRAC	TING CORP	NAME	
ADDRESS:			ADDRESS:	
4.0 POX A	738 Clif	COUNTINOT-	PHONE NUMBER:	
PHONE NUMBER:	12 6067			
TRUCK NO:	128 11	TRAILER NO:	TRUCK NO: TRAILER NO:	
DRIVER: Acknowledge	ment of receipt of mate	erials	DRIVER: Acknowledgement of receipt of materials	
Davil Sil	1/11	8.3018		
Shipment Date:	VH	Shipment Date:	Shipment Date: Shipment Date:	
	ALL SEC		OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL SAL FACILITY	
			DATE:	
TICKET NO:		TIME:		
		I hereby certify receipt of the wast	ie materials covered by this manifest	
The same of the sa				
			Signature Date	

5-04169 Manifest Document No. **Trucking Company** Truck Nos. Waste Decal Nos. **Truck License Numbers** WH 16042 Roll-off Container Number Destination: IESI PA Bethlehem Landfill Corporation Non Haz PCB Debris Waste Type: No weight scale onsite PRE-LOADING TASKS Unsat / N/A No holes are visable in the shipping container Previous placarding/ labels removed or defaced No free standing water Absorbant added (If needed) SHIPPING TASKS Placards Applied (If needed) No leakage of water / waste material Bungees are securely in place. Container lock mechanism applied Waste Manifest Completed / Attached Authorized Manifest Signatures Clearly Written OFFICE TASKS Copy for Project Files Completed Copy for SES Completed Copy for USACE Completed Copy Shipping Documents to TDSF (If needed)

Shipping Documentation Completed B	SV
------------------------------------	----

Print: William Jambrena Date: 8, 20, 18



2749 LOCKPORT ROAD

Bethlehem Landfill Company

2335 Applebutter Rd Bethlehem, PA 18015 PH: (610)317-3200

Counter with the Farance	
001119	INVOICE
SEVENSON ENVIRONMENTAL SVS	INBOUND

SITE	TICKET #		OPERATOR		
56	10611	17	tamm	yw	
IN	OUT	TRUCK	LICENCE	CONTAINER	
8/30/18 9:38 ar					
	REFEREN	CE	0	RIGIN	
TW 5-04	1170		NEW JERS	EY	

NTRACT: 1056 SY	NCON # 92401 NV G28890	13	TW 5-04170		NEW JERSEY
	GROSS 72,000 lb TARE 35,680 lb NET 36,320 lb TONS 18.16 TO	Scale Out	BOL:	4A/E-8 ELEV. 625 3/17/16 WH16042 XX	(GD341943
OTY UNIT	DESCRIPTION Contaminated Soil	NEW JERSEY		RATE	TAX TOTA

I hereby certify that this load does not contain any unauthorized hazardous waste.

Driver:

CUSTOMER COPY



Facility Owner/operator (print)

NON-HAZARDOUS WASTE MANIFEST

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020 5-04170

Date

WASTE CONNECTIONS INC. PADEP Facility ID No. 100020 # 1 PROFILE NUMBER **RWC NUMBER DESCRIPTION OF WASTE** # 2 GENERATOR: (Work site name and physical address) Name: Phone Number Address Responsible Official: County of Origin: Generator's Certification: I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation. USACE ON BEHALF OF USE Generator Signature # 3 Is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. YES NO OPERATOR/CONTRACTOR Name: Responsible Official: Mailing Address: Phone Number: #4 Bill To: (circle one) WASTE DISPOSAL SITE: Generator Operator Transporter Other (if other please enter information) IESI PA BETHLEHEM LANDFILL CORPORATION Name: 2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County Waste Connections Account Number: 610-317-3200 **# 5 TRANSPORTER** TRANSPORTER 1 TRANSPORTER 2 NAME NAME ADDRESS: ADDRESS: PHONE NUMBER PHONE NUMBER: TRUCK NO: TRAILER NO: TRUCK NO: TRAILER NO: DRIVER: Acknowledgement of receipt of materials DRIVER: Acknowledgement of receipt of materials Shipment Date: Shipment Date: Shipment Date: Shipment Date: ALL SECTIONS (#1 THROUGH #5) MUST BE FILLED OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL **DISPOSAL FACILITY** DATE: TICKET NO: TIME: I hereby certify receipt of the waste materials covered by this manifest

NON-HAZARDOUS WASTE MANIFEST

Waste Connections Inc.

Facility Owner/operator (print)

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020 5-04170

Date

WASTE CONNECTION Connect with the Puture		PADEP Facil	lity ID No. 100020		
# 1 PROFILE NUMBER	RWC NUMBER		DESCRIPTION	ON OF WASTE	
	5 5	Continu.	44150	11 Dates	
# 2 GENERATOR: (\	Nork site name and	physical address)			
Name:	1 Region	1	Phone Number	er; (-57-1416	
Address:	Brownley	my News	YK N	Y KEEF	
Responsible Official:		1	County of Orig	gin:	
	reby certify that the waste shipp	ped underthis manifest is Non-Hazardo	r's Certification: ous and is permitted to be dispos	sed at the IESI PA Bethlehem Landfill Corporation.	
		Generator Signature :		Date:	
# 3 Is Operator/Con	tractor the same as		se enter Operator/Con		
YE	# 3 Is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. YES / NO				
	OPERATOR/CONTRACTOR				
Name:	Responsible Official:				
Mailing Address:	Mailing Address: Phone Number:				
#4 Bill To: (circle on	e)			7 -1 1 -1 1 -1 -1	
Generator Operator	Transporter Ot	ther (if other please enter information)		WASTE DISPOSAL SITE:	
Name: Waste Connections Accoun	it Number:		2335 Ap	BETHLEHEM LANDFILL CORPORATION oplebutter Road, Bethlehem PA 18015 aucon Township, Northampton County 610-317-3200	
# 5 TRANSPORTER		PARENCE WYSERS			
	TRANSPORTER 1			TRANSPORTER 2	
NAME Polico CO	oliacting i	Corp	NAME		
ADDRESS:	art Ave Ly	nethorst, 10T	ADDRESS:		
PHONE NUMBER:	472-606	7	PHONE NUMBER:		
TRUCK NO:		TRAILER NO:	TRUCK NO:	TRAILER NO:	
DRIVER: Acknowledgem	ent of receipt of materia	als 8/30/18	DRIVER: Acknowledge	ement of receipt of materials	
Shipment Date:	*	Shipment Date:	Shipment Date:	Shipment Date:	
	ALL SECTION	ONS (#1 THROUGH #5) MUST BE FILLED	OUT PRIOR TO ACCEPTANCE OF I	MATERIAL AT LANDFILL	
TICKET NO:		TIME:	IL PAGILITI	DATE:	
		I hereby certify receipt of the waste n	naterials covered by this manifest		

5-6-170 Manifest Document No. **Trucking Company** Truck Nos. At. 8ZZA Waste Decal Nos. Truck License Numbers WH 16042 Roll-off Container Number 301 PA# IESI PA Bethlehem Landfill Corporation Waste Type: Non Haz PCB Debris No weight scale onsite Unsat / N/A PRE-LOADING TASKS No holes are visable in the shipping container Previous placarding/ labels removed or defaced No free standing water Absorbant added (If needed) SHIPPING TASKS Placards Applied (If needed) No leakage of water / waste material Bungees are securely in place. Container lock mechanism applied Waste Manifest Completed / Attached **Authorized Manifest Signatures Clearly Written** OFFICE TASKS Copy for Project Files Completed Copy for SES Completed Copy for USACE Completed Copy Shipping Documents to TDSF (If needed)

Shipping Documentation Completed By:

Print: William Zondorea Date: 8,30,18

Sign:



Bethlehem Landfill Company

2335 Applebutter Rd Bethlehem, PA 18015 PH: (610)317-3200

SITE	TICKET #		OPERA:	TOR
56	10613	34	tamm	yw
IN	OUT	TRUCK	LICENCE	CONTAINER
8/30/18 11:22 an	8/30/18 11:22 am	RCC12	AS890C N.	
***********	REFEREN	CE	0	RIGIN
TW 5-04	171		NEW JERS	EY .

001119 SEVENSON ENVIRONMENTAL SVS INC. 2749 LOCKPORT ROAD

INVOICE INBOUND

CONTRACT: 1056 SYNCON # 92401 NV G2889013

ĺ	GROSS	77,860	lb	Scale In
١	TARE	30,120	lb	Tare Out

COMMENTS: 4A/E-8 ELEV. 625

			TARE 30,120 NET 47,740 TONS 23.87		BOL:	042 0FD26881	0	
-	QTY	UNIT	DESCRIPTION			RATE	TAX	TOTAL
	23.87	TN	Contaminated Soil	NEW JERSEY				

 ${\bf I}$ hereby certify that this load does not contain any unauthorized hazardous waste.

Weighmaster:

Driver:

Tammy Weist #84515

CUSTOMER COPY



Facility/Owner/operator (print)

NON-HAZARDOUS WASTE MANIFEST

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020 5-04171

WASTE CONNECTIONS INC. PADEP Facility ID No. 100020 # 1 PROFILE NUMBER RWC NUMBER **DESCRIPTION OF WASTE** Confirminated Soil Debris 056 # 2 GENERATOR: (Work site name and physical address) Phone Number: Address: Responsible Official: County of Origin: Generator's Certification: I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation. HISACE ONBEHALF Generator Signature # 3 Is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. YES / NO OPERATOR/CONTRACTOR Name: Responsible Official: Mailing Address: #4 Bill To: (circle one) WASTE DISPOSAL SITE: Generator Operator Transporter Other (if other please enter information) IESI PA BETHLEHEM LANDFILL CORPORATION Name: 2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County Waste Connections Account Number: 610-317-3200 **# 5 TRANSPORTER** TRANSPORTER 1 TRANSPORTER 2 NAME ADDRESS: ADDRESS: PHONE NUMBER PHONE NUMBER: TRUCKNO TRAILER NO: TRAILER NO: TRUCK NO: DRIVER: Acknowledgement of receipt of materials DRIVER: Acknowledgement of receipt of materials Shipment Date: Shipment Date: Shipment Date: Shipment Date: ALL SECTIONS (#1 THROUGH #5) MUST BE FILLED OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL **DISPOSAL FACILITY** DATE: TICKET NO: TIME: I hereby certify receipt of the waste materials covered by this manifest



Facility Owner/operator (print)

NON-HAZARDOUS WASTE MANIFEST

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015

5-04171

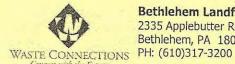
Date

WASTE CONNECTIONS INC.	PADEP Facili	ty ID No. 100020		
# 1 PROFILE NUMBER RWC NUMBE	R	DESCRIPTION	OF WASTE	
tose suc	Carthur.	Hed Scall	DIVIS	
# 2 GENERATOR: (Work site name	and physical address)			
Name: USER-1 RX	T	Phone Number:	687.446	
Address:	SL. ARW Y	KAIY	KOA	
Responsible Official:		County of Origin:		
I hereby certify that the was	te shipped underthis manifest is Non-Hazardou	s Certification: s and is permitted to be disposed a	at the IESI PA Bethlehem Landfill Corporation. Date:	
# 3 Is Operator/Contractor the san YES / NO	ne as Generator? If NO please	e enter Operator/Contra	ctor information below.	
OPERATOR/CONTRACTOR				
Name: Responsible Official:				
Mailing Address:				
THE TENT	do Kon	AFSCR	2 1000 NAG 4000	
#4 Bill To: (circle one)		1 -		
Generator Operator Transporter	Other (if other please enter information)		WASTE DISPOSAL SITE:	
Name:			FHLEHEM LANDFILL CORPORATION lebutter Road, Bethlehem PA 18015	
Waste Connections Account Number:			con Township, Northampton County 610-317-3200	
# 5 TRANSPORTER	ALERIA DE LE CONTRACTOR			
TRANSPORTER	11		TRANSPORTER 2	
NAMERabas Contract	ng Corp	NAME		
ADDRESS: PO Box 4275	Cliffor No 0704	ADDRESS:		
PHONE NUMBER:	7	PHONE NUMBER:		
TRUCK NO: RCC #12 ASE	TRAILER NO:	TRUCK NO:	TRAILER NO:	
DRIVER: Acknowledgement of receipt of	materials	DRIVER: Acknowledgem	nent of receipt of materials	
Shipment Date: 83018	Shipment Date:	Shipment Date:	Shipment Date:	
AL	L SECTIONS (#1 THROUGH #5) MUST BE FILLED	THE RESERVE OF THE PARTY OF THE	TERIAL AT LANDFILL	
		AL FACILITY	DATE	
TICKET NO:	TIME;		DATE:	
	I hereby certify receipt of the waste r	naterials covered by this manifest		

Manifest Document No. Trucking Company Truck Nos. Waste Decal Nos. **Truck License Numbers** Roll-off Container Number PA# IESI PA Bethlehem Landfill Corporation Waste Type: Non Haz PCB Debris No weight scale onsite PRE-LOADING TASKS Insat/ N/A No holes are visable in the shipping container Previous placarding/ labels removed or defaced No free standing water Absorbant added (If needed) SHIPPING TASKS Placards Applied (If needed) No leakage of water / waste material Bungees are securely in place. Container lock mechanism applied Waste Manifest Completed / Attached Authorized Manifest Signatures Clearly Written OFFICE TASKS Copy for Project Files Completed Copy for SES Completed Copy for USACE Completed Copy Shipping Documents to TDSF (If needed)

Shipping Documentation Completed By:

Print: William Zambrana Date: 81301



Bethlehem Landfill Company

2335 Applebutter Rd Bethlehem, PA 18015

001119 SEVENSON ENVIRONMENTAL SVS INC.

INVOICE INBOUND

106133 56 tammyw OUT TRUCK LICENCE | CONTAINER IN 8/30/18 8/30/18 AP579D N. RCC28 11:17 am 11:17 am REFERENCE ORIGIN

OPERATOR

NEW JERSEY

2749 LOCKPORT ROAD CONTRACT: 1056 SYNCON # 92401 NV G2889013

COMMENTS: 4A/E-8 ELEV. 625

TICKET #

GROSS 81,320 lb Scale In TARE 28,720 lb Tare Out 52,600 lb 26.30 TONS NET Truck: WH16042 G21LJ45068 TONS 26.30
DESCRIPTION
Contaminated Soil Container: RATE TAX TOTAL NEW JERSEY OVERWEIGHT RETURN DATE

SITE

TW 5-04172

I hereby certify that this load does not contain any unauthorized hazardous

Weighmaster:
Tammy Weist #84515

Driver:

DISTRICT COPY VOID-CUSTOMER DO NOT ACCEPT



Facility Owner/operator (print)

NON-HAZARDOUS WASTE MANIFEST

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 5-04172

WASTE CONNECTIONS INC. PADEP Facility ID No. 100020 # 1 PROFILE NUMBER RWC NUMBER **DESCRIPTION OF WASTE** # 2 GENERATOR: (Work site name and physical address) Name: Phone Number: Address: Responsible Official: County of Origin: Generator's Certification: I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation. Generator Signature: # 3 Is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. YES / NO OPERATOR/CONTRACTOR Responsible Official: Name: Mailing Address #4 Bill To: (circle one) WASTE DISPOSAL SITE: Operator Generator Transporter Other (if other please enter information) IESI PA BETHLEHEM LANDFILL CORPORATION 'ame: 2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County Connections Account Number: 610-317-3200 TRANSPORTER TRANSPORTER 1 TRANSPORTER 2 "ME NAME DRESS: ADDRESS: HONE NUMBER PHONE NUMBER: TRUCK NO: TRAILER NO: TRAILER NO: TRUCK NO: DRIVER: Acknowledgement of receipt of materials DRIVER: Acknowledgement of receipt of materials Shipment Date: Shipment Date: Shipment Date: ALL SECTIONS (#1 THROUGH #5) MUST BE FILLED OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL DISPOSAL FACILITY DATE: TICKET NO: TIME: I hereby certify receipt of the waste materials covered by this manifest



Facility Owner/operator (print)

NON-HAZARDOUS WASTE MANIFEST

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015

5-04172

Date

WASTE CONNECTIONS INC. Connect with the Future* PADEP Facility ID No. 100020					
# 1 PROFILE NUMBER	RWC NUMBER		DESCRIPTION	N OF WASTE	
150	506	Containental Sellions			
# 2 GENERATOR: (\	Work site name and	physical address)			
Name:			Phone Number		
1 1 7	PH KALL	1 11	1218	S(5) 1 (KIL)	
Address:	Real.	CA AMOND	1 1c 1/4	11717	
Responsible Official:			County of Origi	n:	
	eby certify that the waste ship	ped underthis manifest is Non-Hazardou	s Certification: is and is permitted to be disposed	d at the IESI PA Bethlehem Landfill Corporation. Date:	
	stractor the same as	Generator? If NO pleas	e enter Operator/Conti	actor information below.	
OPERATOR/CONTRA	ACTOR				
Name: Responsible Official:					
45000	The third the state of the stat			5+1-67" hacesin	
Mailing Address:					
70 300	Vie Air	P72 - 1 :	EPS IT	123 1770 211, 180	
			NOLL	3/ (1/15) PAL 66	
#4 Bill To: (circle or				WASTE DISPOSAL SITE:	
Generator Operato	r Transporter O	ther (if other please enter information)	IEQI DA DE	ETHLEHEM LANDFILL CORPORATION	
Name:			A CONTRACTOR OF THE PARTY OF TH	plebutter Road, Bethlehem PA 18015	
West Consultant Assess	at Niverbaue			ucon Township, Northampton County	
Waste Connections Accoun	it Number:			610-317-3200	
# C TO A NO DO DTED					
# 5 TRANSPORTER				TRANSPORTER 2	
	TRANSPORTER 1		A Cover of the	TRANSPORTER 2	
NAME DED C	CONTRAC	TING CORP	NAME		
ADDRESS:			ADDRESS:		
POBOX 4	38 CLIFT	61010 LN.NO			
PHONE NUMBER:	7/1/27		PHONE NUMBER:		
TOUGHA	1 0001		TOUGHT	<u></u>	
TRUCK NO:	8	TRAILER NO: AP579D	TRUCK NO:	TRAILER NO:	
DRIVER: Acknowledger	nent of receipt of mater	rials	DRIVER: Acknowledge	ment of receipt of materials	
Paul Cal	AA	8-20-18	The state of the s		
Chipment Date:	O.A. I	Shipment Deter	Chinment Date:	Shipmont Data:	
Shipment Date:	ALL SECTI	Shipment Date: ONS (#1 THROUGH #5) MUST BE FILLED	Shipment Date:	Shipment Date:	
	ALE SECTION		AL FACILITY		
TICKET NO:	7	TIME:		DATE:	
		I hereby certify receipt of the waste	materials covered by this manifest		
		r norcely cortiny receipt of the Waste	materials covered by this maillest		

	Date: 0 1 20 1)
Manifest Document No. 5 - 64172	
Trucking Company Rebco	Truck Nos. 28
Waste Decal Nos. NJ# PA# WH/6042	Truck License Numbers AP. 57910 Roll-off Container Number
	Non-on Container Number
Destination: IESI PA Bethlehem Landfill Corporation	Waste Type: Non Haz PCB Debris
No weight scale onsite	
PRE-LOADING TASKS	Sat / Unsat / N/A
No holes are visable in the shipping container	
Previous placarding/ labels removed or defaced	
No free standing water	
Absorbant added (If needed)	
SHIPPING TASKS	
Placards Applied (If needed)	
No leakage of water / waste material	
Bungees are securely in place.	
Container lock mechanism applied	
Waste Manifest Completed / Attached	
Authorized Manifest Signatures Clearly Written	V
OFFICE TASKS	
Copy for Project Files Completed	
Copy for SES Completed	
Copy for USACE Completed	
Copy Shipping Documents to TDSF (If needed)	$\overline{}$



2749 LOCKPORT ROAD

001119

Bethlehem Landfill Company

2335 Applebutter Rd Bethlehem, PA 18015 PH: (610)317-3200

th the Fuence		

INVOICE SEVENSON ENVIRONMENTAL SVS INBOUND

CONTRACT: 1056 SYNCON # 92401 NV G2889013

SITE	, TICKE	Т#	OPERATOR				
56	10618	34	tammyw				
IN	OUT	TRUCK	LICENCE	CONTAINER			
8/30/18 8/30/18 1:32 pm 2:12 pm		RCC21	AT822A N.				
	REFEREN	0	ORIGIN -				
TW 5-04	173	NEW JERS	NEW JERSEY				

			the state of the s				
	(TARE NET TONS		BOL:	3/17/16 WH1604		
OTY	UNIT	DESCRIP		Contamen	RATE	TAX	TOTAL
17.26	TN ,	Contamina	NEW JERSEY	,	NATE		TOTAL

I hereby certify that this load does not contain any unauthorized hazardous waste.

Driver:

Weighmaster:_ Tammy Weist #84515

CUSTOMER COPY

publitue

NON-HAZARDOUS WASTE MANIFEST



Facility Owner/operator (print)

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020 5-04173

Waste Connections Inc. Connect with the Patture* PADEP Facility			lity ID No. 100020				
# 1 PROFILE NUMBER	RWC NUMBER		DESCRIPTION OF WASTE				
1056	506	Contamina	ated Soil Debris				
# 2 GENERATOR: (V	Vork site name and	physical address)	美国的基础和国际基础的基本的基础的				
Name: USE Pr	4 Region	I	Phone Number: (212) (557 - (4/16)				
Address:	raduay	New York	< NY 10007				
Responsible Official:	1		County of Origin:				
	A lille						
"010 10		Generator Signature :	Date:				
YE	SINO	Generator? If NO pleas	se enter Operator/Contractor information below.				
OPERATOR/CONTRA	ACTOR	Doop	paneible Officials				
Sevens:	o Foviror		ponsible Official: 500 Sel-Czechucouski	10			
Mailing Address:	chis A	28 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ne Number: (973) (973) 34KI 60°	50			
#4 Bill To: (circle or	ne)		N 30102 (110)5F1-0-3				
Generator Operato		Other (if other please enter information)	WASTE DISPOSAL SITE:				
Name:		,	IESI PA BETHLEHEM LANDFILL CORPORATION 2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County				
Waste Connections Account Number:			610-317-3200				
# 5 TRANSPORTER							
	TRANSPORTER 1		TRANSPORTER 2				
NAME Reboo Co	ortracting	Corp	NAME				
ADDRESS: 541 Stuyves	sant Ave,	Lyrdhurst, NJ	ADDRESS:				
PHONE NUMBER	3-472-60	67	PHONE NUMBER:				
TRUCK NO: 21		TRAILER NO:	TRUCK NO: TRAILER N	10:			
DRIVER: Acknowledger	nent of receipt of mate	rials 8/30/18	DRIVER: Acknowledgement of receipt of materials				
Shipment Date:		Shipment Date:	Shipment Date: Shipment Date:				
ALL SECTIONS (#1 THROUGH #5) MUST BE FILLED OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL DISPOSAL FACILITY							
TICKET NO:		TIME:	DATE:				
I hereby certify receipt of the waste materials covered by this manifest							
Camme 1							

A Subsidiary of

Facility Owner/operator (print)

NON-HAZARDOUS WASTE MANIFEST

IESI PA Bethlehem Landfill Corporation 2335 Applebutter Road Bethlehem, PA 18015 PADEP Facility ID No. 100020 5-04173

Date

WASTE CONNECTIONS INC. PADEP Facility ID No. 100020 DESCRIPTION OF WASTE **RWC NUMBER** # 1 PROFILE NUMBER an read # 2 GENERATOR: (Work site name and physical address) Name: Phone Number: Address: County of Origin: Responsible Official: Generator's Certification: I hereby certify that the waste shipped underthis manifest is Non-Hazardous and is permitted to be disposed at the IESI PA Bethlehem Landfill Corporation. Generator Signature: # 3 Is Operator/Contractor the same as Generator? If NO please enter Operator/Contractor information below. YES / NO OPERATOR/CONTRACTOR Name: Responsible Official: Mailing Address: Phone Number: #4 Bill To: (circle one) WASTE DISPOSAL SITE: Generator Operator Transporter Other (if other please enter information) IESI PA BETHLEHEM LANDFILL CORPORATION Name: 2335 Applebutter Road, Bethlehem PA 18015 Lower Saucon Township, Northampton County Waste Connections Account Number: 610-317-3200 **# 5 TRANSPORTER** TRANSPORTER 1 TRANSPORTER 2 NAME NAME ADDRESS: ADDRESS: PHONE NUMBER PHONE NUMBER: TRUCK NO: TRAILER NO: TRUCK NO: TRAILER NO: DRIVER: Acknowledgement of receipt of materials DRIVER: Acknowledgement of receipt of materials Shipment Date: Shipment Date: Shipment Date: ALL SECTIONS (#1 THROUGH #5) MUST BE FILLED OUT PRIOR TO ACCEPTANCE OF MATERIAL AT LANDFILL **DISPOSAL FACILITY** DATE: TICKET NO: TIME: I hereby certify receipt of the waste materials covered by this manifest

Manifest Document No. > CHIT	
Trucking Company Resco	Truck Nos. 21
Waste Decal Nos. NJ#	Truck License Numbers 4 T- 8 ZZA
PA# WH16042	Roll-off Container Number 301
Destination: IESI PA Bethlehem Landfill Corporation	Waste Type: Non Haz PCB Debris
No weight scale onsite	
PRE-LOADING TASKS	Sat Unsat / N/A
No holes are visable in the shipping container	
Previous placarding/ labels removed or defaced	
No free standing water	
Absorbant added (If needed)	
SHIPPING TASKS	
Placards Applied (If needed)	$\sqrt{}$
No leakage of water / waste material	
Bungees are securely in place.	
Container lock mechanism applied	
Waste Manifest Completed / Attached	√ ,
Authorized Manifest Signatures Clearly Written	
OFFICE TASKS	
Copy for Project Files Completed	\checkmark
Copy for SES Completed	
Copy for USACE Completed	
Copy Shipping Documents to TDSF (If needed)	

TRANSMITTAL OF SHOP DRAWINGS, EQUIPMENT DATA, MATERIAL SAMPLES, OR MANUFACTURER'S CERTIFICATES OF COMPLIANCE					DATE 09/17/2018			TRANSMITTAL NO. 01450-558		
For use of this form, see ER 415-1-10; the proponent agency is CECW-CE.										
- Wile Walley			OF THE FOLLOWING ITEMS	(This se	ction will be in	itiated by the	contractor)			
US A	RAP Residency Army Corps of Engineers, New York West Hunter Avenue wood, NJ 07607	FROM: Sevenson Environmental Services 2749 Lockport Road Niagara Falls, NY 14305		CONTRACT NO. W912DQ-15-D-3002 0002			CHECK ONE: X THIS IS A NEW TRANSMITTAL THIS IS A RESUBMITTAL OF TRANSMITTAL			
	TION SEC. NO. (Cover only one section with each transmittal) emical Data Quality Control	PROJECT TITLE AND Synco	D LOCATION 01-Main Register on Resins Superfund Site OU2 77 Jac	cobus Ave, I	THIS Kearny, NJK FI	TRANSMITTAL	IS FOR: (Check	one) VCR DA/G	6A	
ITEM NO. (See Note 3)	DESCRIPTION OF SUBMITTAL ITEM (Type size, model number/etc.)		SUBMITTAL TYPE CODE (See Note 8)	NO. OF COPIES	SPEC. PARA. NO.	DRAWING SHEET NO.	CONTRACTOR REVIEW CODE	VARIATION Enter "Y" if requesting a variation (See Note 6)	USACE ACTION CODE (Note 9)	
a. 72	Final Waste Doc Sub D - Concrete Debris		SD-19	d. 0	e. 1.3	f.	g. A	h.	l.	
12	Final Waste Doc Sub D - Concrete Debris		3D-19		1.5		^			
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				-		77				
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		·								
		7								
	ste Documentation - Haz Sub D Concrete debris 08/27/18, 8/29/18 and 8/29/18.				in detail and a	re correct and i	tted items have be in the strict confor ications except as	mance with th	10	
1) Waste N 2) Scale Ti			ac.			NAME AND SIG	CV CA PA	Victoria de la Companya de la Compan	12	
		SECTIO	N II - APPROVAL ACTION		1					
ENCLOSU	RES RETURNED (List by item No.)	The second secon	ME, TITLE AND SIGNATURE OF AF	PROVING	AUTHORITY		DATE			
					a.		8/			